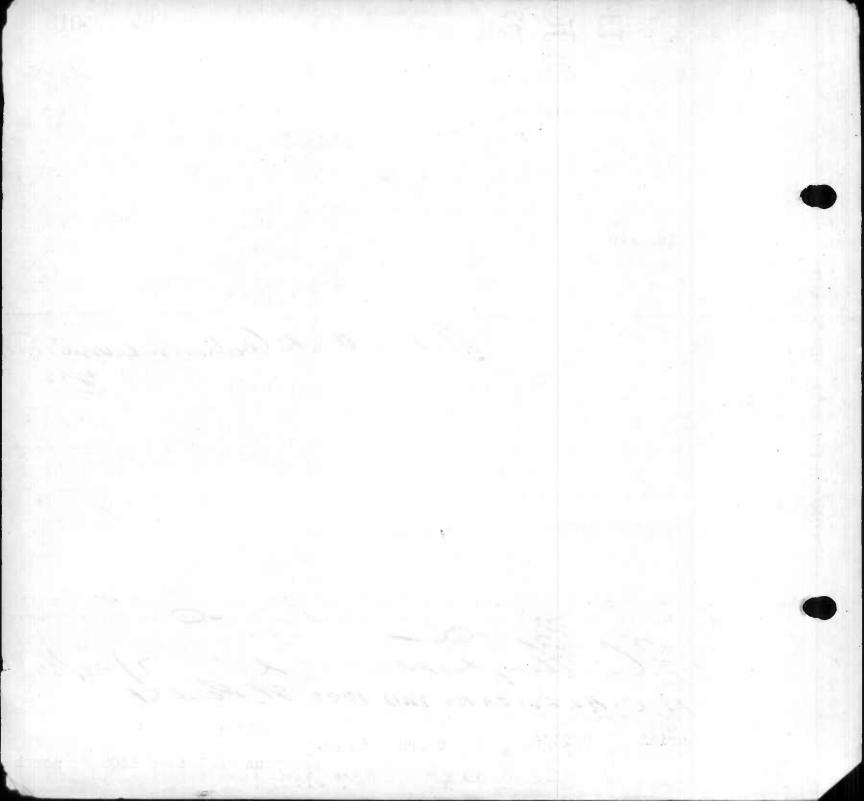
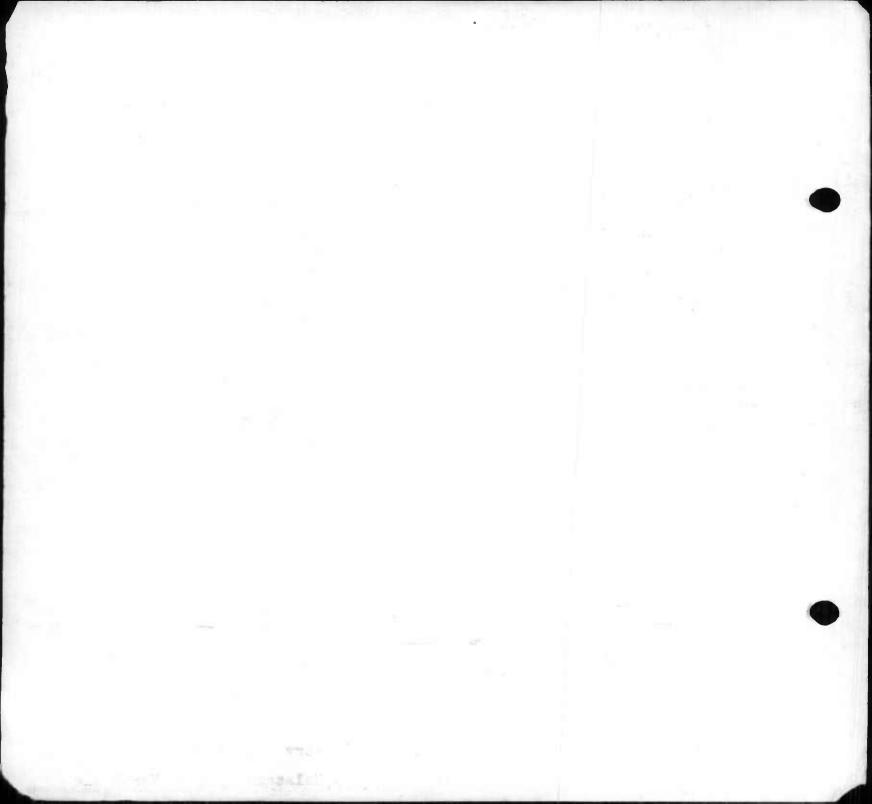
1/		BALTIMORE CITY	HEALTH DEPARTMENT		660
H-520	69 750	1 CERTIFICA	TE OF DEATH	REG. NO	7501
Type or Print	10/1/5	Haines	2. DATE AN	7-21-	69 930A
3. PLACE IN BALTIMORE, MARY	LAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (When		institution: residence before admission
HOSPITAL OR ADDRESS	N HOSPITAL OR INS	TITUTION, GIVE STREET	MAY41A	Nd	SIDE CITY LIMITS?
Harbor View	O CONV	1. Center	Baltimore	D. 11N:	YES NO
1213 Light		BAITO. 21230	2556 MACE	5T.	21218
SEX 6. RACE	7. MARRIE		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give	and of work 10B. KIND		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even	if retired)				USA
OLD Age			14. MOTHER'S MAIDEN NAM	ΛE	
		?			?
5. Was Deceased Ever in U. S. (es,no oi unknown) (If yes, give v		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1B. // / A L		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDI		Men	s levoti Ce		BETWEEN ONSET AND DEA
(This does not meen the		(A) IMMEDIATE CAL	JDE	ellaro.	scales Obsleved
heart foilure, asthenia, etc.	It means the diseo		A CONSEQUENCE OF:		423
ANTECEDENT					
DISEASES OR CONDITION		(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obave ca UNDERLYING CONDITION	use (A) stating t	he			
UNDERLING CONDITION	1 1051.	(C)			
OTHER SIGNIFICANT CONDIT					
TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV		AL			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELED LISEASE OR CONDITION OF THE CONDITIO	19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDER CONTRIBUTING CAUSE DEATH (notify medical examination)		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
21D. TIME (Month) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not Whit			
22. 1 certify that ( (this	haspital) attende	d the deceased from	6-23-	1969 ta	7-21-1969
that 🛍 (we) lost saw the	deceased alive a	7-21-	10		pinion death accurred on the do
and haur and from the co	uses stated above	(1) (We) (did) (didnot)	riew the body ofter deoth.		
23A, SIGNATURE	11/0	1 2		S. " ==	23 B. DATE SIGNED
(1.0.1)	Cery	DEGREE Phy		Shaff Phys.	1/24/69
23C. PHYSICIAN'S NAME (Type)	LEVIZI	4 tos mo	23D. ADDRESS /209 5/2	Murel	54.
4A. BURIAL CREMATION, 24B.	DATE 24C	NAME OF CEMETERY OF CR		OCATION (	City, town, or county) (Stote)
Burial 7	/29/69	Mt Auburn	Ba	altimore	Md
25A. DATE REC'D BY HEALTH D		Mt Auburn	25C. FUNEVAL DIRECTOR Adolphus	IIo lata	ad 1206 ADDRESS
JUL 25 1969	Ball E. Fall	26 20 0 0	Adolphus	s halste	ad 1206 W north
/S 150-REV. 1/1/68			17 4 7		



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

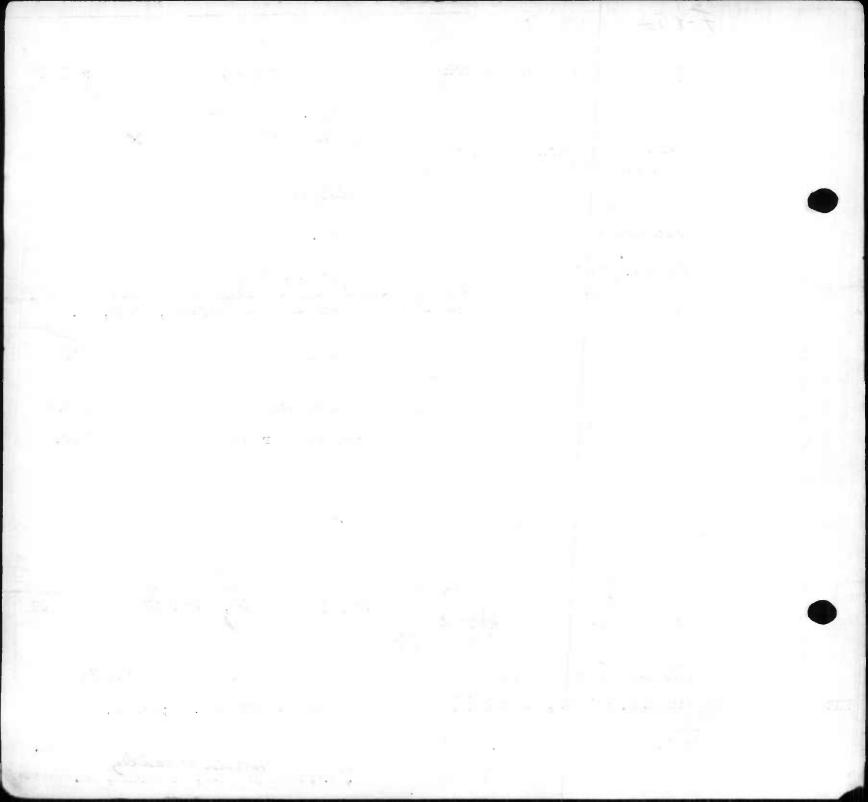
( ) _ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Y HEALTH DEPARTMENT  REG. NO. 09 7502
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 1502
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TIONH UNISCO	7/19/69   11:20A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARYLAND General Hosp.	BAITO . YES NO
THEY AND GENERAL MOST.	E. STREET AND NUMBER 912 E. PIRESTON ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years   Il Under 1 Yr.   Il Under 24 Hr   5/25/96   lost birthdoyl 73   Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY BRISCO	CATHERINE Snyder
15. Wos Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) lift yes, give war ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO SECONIT NO.	LOIS MCKINNON SAME
18. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH  (This does not meen the made of dying, e.g.,  (A) IMMEDIATE CAN	JSE Cerebro-Vascular insufficience ?
hoold loiture, asthenia, etc. It means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF: Colneralized ASVD
ANTECEDENT CAUSES	uc brain sundrome upma
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF: AS ID
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION WAS PERFORMED  1216 PLACE OF INJURY (CO.)	tes molitus Z-3 wks
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
E DONE MASTERIOR	NO IN CERTIFYING CAUSES OF DEATH?
OF CONTRIBUTING TICAUSE OF	n or obout 21 G. WHERE DID (If In Boltimore City, give exact location) (INJURY OCCUR?
DEATH (notify medical examined)  21D.TIME (Month) (Doyl (Year) (Hour)  OF INJURT  While At Death (Not While At Death (Month) (	21F. HOW DID INJURT OCCUR?
OF INJURT (APPROXI While At Work At Work	
22. I certify that (this hospital) attended the deceased fram	7/4 1969 10 7/19 1969
that (1) (we) last saw the deceased alive on	19. 69. and that In(my) (our) opinion death occurred on the day
and have and from the causes stated above. (1) (***) (did) (did not) v	lew the bady after death.
	nding Med. Shaff 7 / 19 / 69
23C. PHYSICIAN'S NAME (Type)	Director Phys 23D. ADDRESS
MARCIA C. SCHLIDT M.D. DEGREE	MD GEN. HOSP, BALTIMORE, MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERT OF CRE	MATORT 24D. LOCATION (City, town, or county) IStole)
BURIAL 7/26/69 New Catherd	ral Cemetry Baltimore Md
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
101 25 1969 Vased E. Galber, M. D. O	A Halstead 1206 W North Age



RGB

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

l	F-656	2	69	7503	BALTIMORE CI				REG. NO.	6.	7	<b>50</b> 3	
	Pe or Print		ge Fra	nklin	French			July	D HOUR OF DEAT		7.	30	Р м.
3.	PLACE IN BAL				UNCED DEAD	4. USU	AL RESIDENC	E (When	e deceased lived, II	institution	residence b	elore ad	mission)
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						Md. OR TOWN		912 111 D. II	VSIDE CITY	60-	ō\$	
X	US Public Health Service Hospital						int of		CS .	YES 🔀	N	0 🗌	
3100 Wyman Parkway							ET AND NUM	BER					
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED							OF BIRTH	19	% AGE (In years	If Und	er 1 Yr	If Under	24 Hrs.
M W WIDOWED DIVORCED						il 1	.2/3/06	1	last birthday) 62	Months	Days H	OUIS	Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)  Maintenance					RY 11. BIRT	Md.	or foreig	gn country)	12. CIT	IZEN OF W		UNTRY?	
13.	FATHER'S NAN	AE TO		<u></u>		14. MO	THER'S MAIDE	N NAM	A.E.				
James XX French						F	thel An	arah	ion				
15. Wes Deceased Eyer in U. S. Armed Forces?   16. SOCIAL						17. INFO		MCI D	1011		ADDRES	5	
(10:	No	ui yes, give	wer ar dote:	of service/	705-07-765]	. Re	cords_	US P	HS Hospita	al Ba	lto M	d	
	18.	0			CAUSE OF DEA			-	120 1100 P2 0	, ,	APPROXI	MATE INT	
		E OR COND		ECTLY							SETWEEN C		D DEATH
	(This does no	LEADING TO		dving. e.g.	(A) IMMEDIATE C	AUSE	SE Septicemia A CONSEQUENCE OF:				<u> </u>	day	
	heart failure,	asthenia, etc.	II means	the disease	DUE 10, OK 7	S A CONSE	QUENCE OF:						
		NTECEDENT		avoni,,			Leukop	onis			,	day	Q
	DISEASES O	R CONDITION	ONS, if c	ıny, giving	DUE TO, OR	AS A CONS	QUENCE OF:	CITT'C		******		udy	
	rise la the UNDERLYING	above co	use (A)	sloling the			m cell		oma		1	yr.	
		11			(0/								
ATION	OTHER SIGNIFITO THE DEATH DISEASE OR CO	I BUT NOT RE	LATED TO TH	E TERMINAL	******************								*****
ERTIFIC	19A. DATE OF	OPERATION	WAS PERF	ORMED	WHICH OPERATION	20A.	AUTOPSY? (Yes	er No)	208, IF YES, WER	E FINDINGS	CONSIDE DEATH?	RED	
CAL	OR CONTRIBUTED Inotify	T WAS UND TING CAU medical exam	ERLYING [] SE OF ined	218 hor etc.	RPLACE OF INJURY (e.g ne, form, factory, street, )	alfice bldg.	21C. WHERE INJURY OCC	DID U R?	(li in Baitim	ore City, gi	re exoct loc	otion]	
MEDI	OF INJURY	(Manth) (Do	y) (Yeorl		INJURY OCCURRED		21 F. HOW D	JENI DI	JRT OCCUR?				
	(APPROX.)			We		hile 🔲							
					he deceosed from	Jul	y 4	1	969, to Ju	y 22		19	69
	that (N) (we)					19			it In (ply) (our) o	pinion dea	th accurr	ed on ti	ne dote
	ond hour and	from the co	uses state	ed abave.	n (We) (did) (did/1964)	view the	body after d	eath.					
	23A. SIGNATUI	(E , )	PnI	7	Δ.	Hending -	Med.	_ (			TE SIGNED		
	23C. PHYSICIAN	un y	the	Mer		hys.	Director	<u></u> ј	Shaff DPhys.XE	1	7/23/6	9	
	NAME (Ty Marvir	pe)	dman	SA Sur	or (R)	23D. ADD		17C 11	[namital I	3.4	164		
24A			DATE		AME of CEMETERY of C	REMATORY			ospital, E				teta)
	REMOVAL (S	-					ľ			City, town,			itale)
25A	Burial DATE REC'D				· Paul s Ceme	lery	FUNERAL DIR	FCTOP	nt of Rock		deric		ld.
11	11 2.5 196	59 Ros		aber 1		OM:	R. Lto	hiso	n & Son, I	rederi	ck. M	d.	
VS	150-REV. 1/1/6			V		210						~~	



# 5 - 432 69 7504 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EVALUEDIO	CERTIFIC A TE	0-0-1-1
MEDICAL	EXAMINERS	CERTIFICATE	OF DEATH.

PIRTU NO		WEL	ICAL	EXAM	IINEKS (	LEKIIF	ICATE C	F DEAT	H REG. NO.	03	7504
I. NAME OF DEC	EASED	(DERINE	ST K	. SCH	ULTZ)	2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Type or Print)	ERNE	ST SCH	ULTZI			OF DEATH	Estimoted				м
4. PLACE IN BAL						3. DATE	OUNCED DEAD	Month	Day	Yeor	Hour
HOSPITAL OR INSTITUTION		SS OR LOCA		ITUTION, GIV	ESTREET				23,196		7:30 A.
	Jorda	n Chuc	- 4			A. STATE			ved. If institution B. COUNTY	: residence	before odmission)
6. SEX	7. RACE	II Prie		[]		C. CITY O	Maryla	na	D. INSIDE CI	TV IMITES	01
Male	Whit	A		ED NEVE	-			מרכות			
9. DATE OF BIRTH		10. AGE (I	WIDOW		Il Under 24 Hrs.	11	AND NUMBER	21217	YE	SLX	ио Ц
Nov.23.1	902	lost birthdo	1 67	Months Days	Hours   Min.	14	05 Jord	n Street			
II. BIRTHPLACE (S		n country)		12. CITIZEN		13. FATHE					
Pittsb	urg,	Pa.		WHATCO	DUNTRY?	Char	les Her	ry Sch	ultz		
14A.USUAL OCCUI	PATION (Give	kind of work	148. KIND								
Accounts	int, r	etire				Anne	Bertha	Richt	er		
ié. WAS DECEASE (Yes, no grunknown)			of service)	7 17. SO	CIAL URITY NO.	18. INFOR	MANT Ce_F.Fle	ntie	n Att	DRESS	
No			21		TURITY NO.	440	Equita	ble Bi	do Ral	T.1 mor	P Md
19.	2.46			•	CAUSE OF DEA					BETV	PPROXIMATE INTERVAL VEEN ONSET AND DEATH
	OR CONDI		CTLY		Arterio	sclero	tic card	iovascu.	lar disea	ase	
	LEADING TO		ina, e.a		(A) IMMEDIATE O		OUTNET OF				
heort foilure,	asthenio, etc.	It meons the	disease,		DUE TO, OK	AS A CONSE	QUENCE OF:				
	R CONDITION		, GIVING		DUE TO, OR	AS A CONSI	EQUENCE OF:				
UNDESTRIN	R CONDITION ABOVE CAU	JSE (A) STAT	ING THE								
ğ		11			(c)						
O THE DEA	IFICANT CON	DITIONS CO	THE TERMII	ING NAL							
DISEASE OR	OPERATION			OP WHICH	OPERATION W	AS DEDECOR	MED			la) AUTO	PSY? (Yes or No)
Ö			Dinoiti	OK WINCH	OFERAHOIN W	NO FERFOR	ALED			21. AUIC	
Z 22A. EXTERN	NAL CAUSE V	WAS	2	28. PLACE C	F INJURY(e.g.,	in or obout	22C. WHERE DI	D (if in Boltima	re City, alve exa	t location)	no
UNDERLYING UTING CAL			1	nome, form, fo	clory, street, offic	e bldg., elc.)	22C. WHERE DI INJURY OCCUR	?			
≥ 22D. TIME (	Month) (De		) (Hour)	22E.INJU	RY OCCURRED		22F. HOW DID	INJURY OCC	JR?		
OF INJURY (APPROX.)				WHILE AT	TON	WHILE O					
23.				1							
	fy that I he		nquiry	Inspec	tion X Au	topsy	ond that or	this basis,	death in my	plnlon	
result	ed from: No	otucal con	ses KX	Accident	Suicid	le 📙 H	omicide .		ned monner	]	
ACTUAL		1.	11.1	//	1		CHIEF MEDICA				DATE SIGNED
SIGNATU		Mr. Cy	MK	and	M.B	-	ISTANT MEDICA		K.X		1
EXAMINE NAME (T	70 -	nald N	. Kor	nblum,	1.De	ASS	OCIATE MEDICA	LEXAMINER		7/	23/69
24A. BURIAL CREM	ATION. 124	B. DATE			of CEMETERY	or CREMAT	ORY 24	D. LOCATION	(City, town,		
Burial		25.1	969	Park	wood Ce	emeter	V	Balti	more Mo	i.	
25A. DATE REC'D	BY HEALTH D	EPT.	25B. NA	ME OF REG		25C.	FUNERAL DIRE	CTOR	AL	DRESS	
1111 25 1	969 0	Bes E.	Jabo	A. D.	^	HE	NRY SAN	DER &	SONS.II	NC	
VS 151-REV. 1/1/68				7	-	- 100	TOTALOT C	mu.		-	

SECTION AND SECTION OF THE SECTION O THE STORE OF STREET PRINCES CONTROLS OF FIRST THE PART OF THE PA

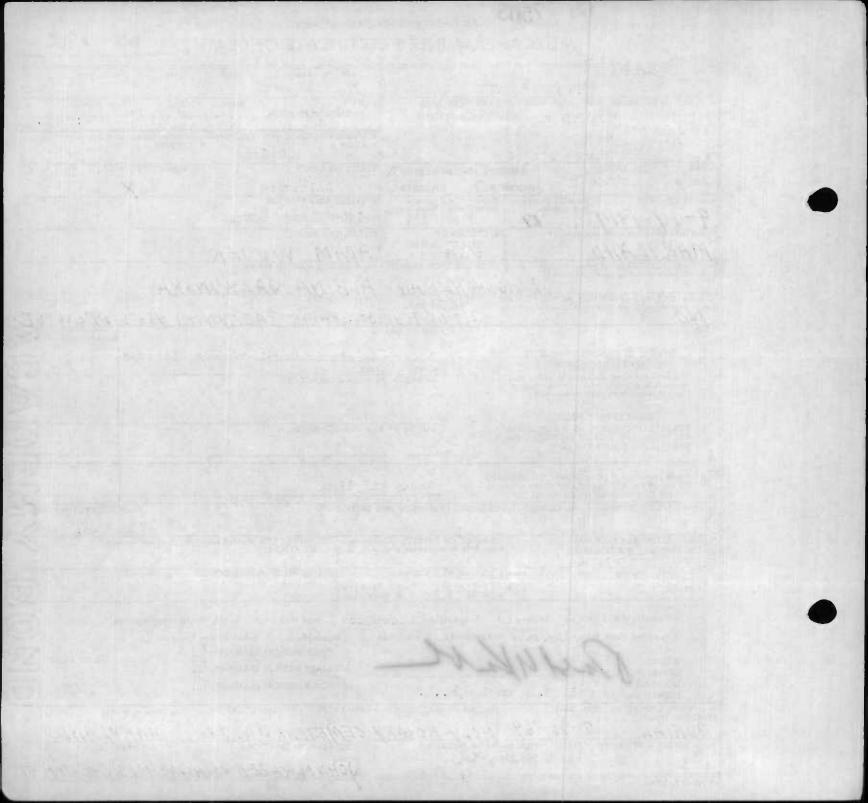
W-220

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BH	RTH NC.		MEL	ICAL		AMIINEK 5	EKIIFI	CATE OF	DEAT	REG. NO		,00	
-	NAME OF DEC	CEASED					2. DATE	Known 🗌	Month	Day	Year	Hnur	
(Ty	pe or Print)		HEODOF	ाज ब	JEK		OF	Estimated	1-10-11				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH 3. DATE	Caminated E	Month	Day	Year	Haur	М.	
FUI	LL NAME OF					, GIVE STREET	PRONO	UNCED DEAD	July	23,1969		4:05	A. M.
OK	INSTITUTION 1:	800 Tha	mac St	root			5. USUAL F A. STATE	ESIDENCE (When		ed. If institution: B. COUNTY	residence b	pelare admir	isian)
6.	SEX	7. RACE	illes o	~~~	IED 🗍	NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	2 Sell Street	-
N	la1e	White		WIDOW		DIVORCED [		Baltimore		VE	s X	NO 🗆	
9.	DATE OF BIRTI	H	10.AGE (1	n years	If Under	r 1 Yr. Il Under 24 Hrs.	11	AND NUMBER		183	) A	NOL	
6	7-14-	1917	lost birthdo	Y)	Months :	Days Hours Min.	1800	Thames St	reet				
11.	BIRTHPLACE (S	itate or lorely	n cauntry)	31	12. CITI	ZEN OF	13. FATHER	'S NAME					
1	MARYL	LAND			WH	AT COUNTRY?	ADA	M W/1/	JEK				
44	USUAL OCCU	PATION (GIV	kind al wark	14B. KIND	OF BUS	SINESS OR INDUSTR	15. MOTH	R'S MAIDEN NA	ME				
Jan	eduring mast of w	varking lite, ev	en Bretired)	LONG	35 HC	PEMAN	AIR	INA JA	711/11	YSKA			
	WAS DECEAS			FORCES	? 17	SOCIAL	18. INFOR	MANT	- / Y / /	AD	DRESS		
Te	s, pa ar unknawn)	(It yes, give v	ar or dates	al service)	2	SECURITY NO.	JOSEF	HINE 7A	CTVN	5KI 453	5-5.1	REW	ST
7	19.	./ ./	24-	1.0		CAUSE OF DEA	14-07-	11115 61	Let of file	7/11/04	AF	PPROXIMATE IN	
-	4/2											VEEN ONSET A	ND DEATH
		E OR COND LEADING TO		CILY				tic Cardi	ovascul	ar Disea	ise		
	(This does n	at mean the	made of dy	ing, e.g.,		(A) IMMEDIATE O	AS A CONSEC	UENCE OF:				*****	***************************************
П	injury or can	, asthenia, étc. nplication whic	th caused de	ath.)									
		175000 514	0144656										
		OR CONDITION		. GIVING		(B)	AS A CONSE	QUENCE OF:					
	RISE TO THE	OR CONDITION  B ABOVE CAN  NG CONDITION  OF THE	USE (A) STA	TING THE									
2	ONDEREIN	to condin	OIT LASI.			(c)							
CERTIFICATION	OTHER SIGN	HFICANT CON	II	ONTRIBIT	ING								
S	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMI	NAL	Acute	Ethylis	m					
RTI		CONDITION			FOR WE	HICH OPERATION W	AS PERFORA	AFD			21 AUTO	PSY? (Yes	or No.
CE				151110111	0 1111	nen or Examely vi	TO I ENI ON	NED .			21. 4010	1311 (	
AL	22A. FXTER	NAL CAUSE	WAS		22R PLA	CE OF INITIPY (a.c.	in as shout!	22C WHERE DID	/II to Dalaiman	. City alva avas	· Invoting	yes	
EDIC	UNDERLYING UTING CA	OR CON	TRIB-		hame, la	CE OF INJURY (e.g., rm, lactary, street, affic	e bldg., etc.)	NJURY OCCUR?	(II In ballimar	e City, give exact	(lacation)		
Σ			ay) (Yea	r) (Hour	) 22E.	INJURY OCCURRED		22F. HOW DID IN	JURY OCCL	IR?			
	(APPROX.)				m. WHIL	EAT NOT	WHILE ORK						
	23,					AI II	OKK LIJ						
	I cert	Ify that I h	eld on I	nquiry [	] Ir	rspection .Au	topsy X	and that on t	his basis,	deoth in my a	pinion		
	resul	ted from: N	atural cau	ses X	Acei	ident 🗌 , Suicia	le 🗌 H	omicide 🔲	Undetermin	ed manner	]		
			)	11,1	/	11		CHIEF MEDICAL I	EXAMINER				
	SIGNATI	11 /	and	UK	Sur	M.D	ASS	STANT MEDICAL	EXAMINER	X		DATE SIGI	MED
	EXAMIN	EDIA	4 1 11		1 1			OCIATE MEDICAL I	EXAMINER		7/	23/69	
	NAME (T	11.1		. Kor		m,MD.					11.	23/09	
24. RE	A. BURIAL CRE/ MOVAL (Specie	MATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town,	or county)	) (Sta	te)
1	BURIAL		7-26	-69	140	LV ROSAR	Y CEN	STEPY B	ALTO	M	4RVI	AND	
25	A. DATE REC'D	BY HEALTH	DEPT.			REGISTRAR	25C.	FUNERAL DIRECT	OR	AD	DRESS	1111	
	JUL 25	1969 U	Beef E	, Jack	ey M	Do	In	241 44 1 1 1 1 1 1 1 1	mo 10	1 84 - 11	616	~110-	rors and
75	151-REV. 1/1/68	R	+	111	5-	9 0 -	401	MWAB	EN 836	NS/Nº24	015.6	HESIL	15.57
= 40	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							4 / -					



25C. FUNERAL DIREC

258. NAME OF REGISTRAR

REMOVAL (Specify)

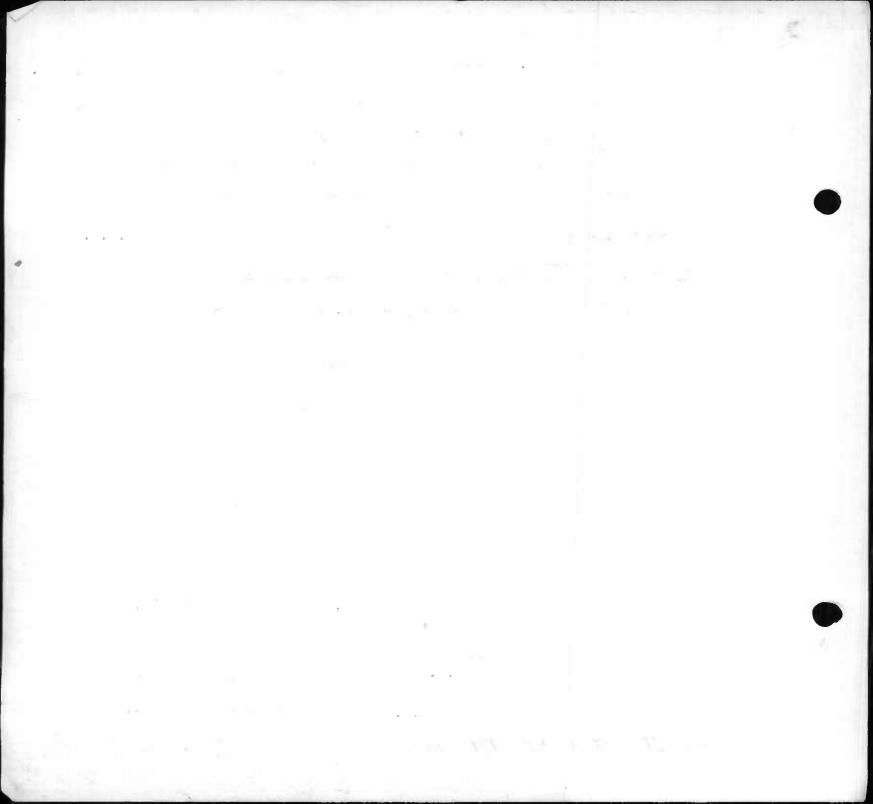
SA. DATE REC'D BY HEALTH DEPT

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical	the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	

T-525			BALTIMORE CITY	HEALTH DEPARTMENT		(10)	
BIRTH NO.		7507		TE OF DEATH	REG. NO	69 7507	
1. NAME OF DECEAS	Charles	O. Joh	nson		ND HOUR OF DEATH	1 5:40 8	a. <sub>M.</sub>
FULL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA				ere deceased lived. If in	stitution: residence before odmis	ssion)
HOSPITAL OR INSTITUTION	Provident 1514 Divi	Hospit	al, Inc.	c.city or town Baltimore	D. INS	IDE CITY LIMITS?  YES NO	
97	Baltimore	, Maryl	and 21217	E. STREET AND NUMBER 2049 Pennsy	lvania Aven	ue	
Male N	legro	WIDOWED	DIVORCED	3-12-97	9. AGE (in years lost birmed)	If Under 1 Yr. If Under 24 Months Days Hours M	Hrs.
done during most of work	TION (Give kind of work king life, even if retired)	108, KIND OF E	USINESS OR INDUSTRY	11. BirthPLACE (Stote or for Maryland		12. CITIZEN OF WHAT COU	NTRY?
ISS	AC J	oh ws	SON	14. MOTHER'S MAIDEN NA Helen		ķ.,	
5. Wos Deceosed Eve Yos, no or unknown) (If	r in U. S. Armed Forcyes, give wer or doles	of service)	6. SOCIAL SECURITY NO. 147-05-7 <b>9</b> 074	17. INFORMANT Mrs. Marie R		ADDRESS iter Same	
(This does not heart (oiture, ass)	OR CONDITION DIRI ADING TO DEATH meon the made of henia, etc. It means tation which caused	dying, e.g., the disease,	(A) IMMEDIATE CAU		Fiberillai Failur	APPROXIMATE INTERVIEW ONSET AND D	
DISEASES OR		ny, giving sloling lhe	(B)	CAY deac	- failur		
TO THE DEATH BE	II NT CONDITIONS CON UT NOT RELATED TO THE DITION GIVEN IN PART	E TERMINAL	************************************			***************************************	
	ERATION 198 COND WAS PERFO	THON FOR WE	IICH OPERATION	No	o) 208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTION	WAS UNDERLYING CAUSE OF	21 B. Pi home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(li In Boltimor	e City, give exoct location)	
21D. TIME (M OF INJURY (APPROX.)	onth) (Doy) (Year)	(Hour) 21 E. 19 While Work	At Work	21F. HOW DID IN	TURY OCCUR?		
	t (1) (this hospital) t sow the deceased	3	deceased from Juruly 20,	60	19 69 to July	20, 19 6	date
and hour and fro 23A. SIGNATURE	om the couses state	12 -	Aften	ew the body after death.		23B, DATE SIGNED 7-21-69	
23C. PHYSICIAN'S NAME (Type)		juing	DEGREE PRYS.	Director Division	Street Ba	lto., Maryland	21
REMOVAL (Special Special Speci	7-23 -	69 m	Le of CEMETERY OF CRES	N i	destand	Ballo - Ma	e) .
JUL 25 19		Jaber,		25C. FUNERAL DIFECTO	hansfo-	1922 Elmera	Se.



69	7508	BALTIMORE CITY

ORE CITY HEALTH DEPARTMENT 69

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BIR	H NO.		MED	OICAL	EXAMINER'S	CERTIF	CATE O	F DEAT	TH REG. N	0	
1. N	AME OF DEC		arrie	Price		2. DATE OF DEATH	Known 🙀 Estimated 🗆	Month]	Doy	Yeor	Hour M.
1					NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HOS	NAME OF PITAL NSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET		RESIDENCE (Whe	7	22 lived. If institut	69 tion: residence	1:50 a. M.
	39	Provid	ent Ho	-		A. STATE	Maryland		B. COUNT	1	602
6. 5	ΕX	7. RACE		B. MARRIE	D NEVER MARRIED	C. CITY O			D. INSIDE	CITY LIMITS?	
	female	colo		WIDOWE			altimore			YES X	NO .
y. D	5/1/19	80	lost birthda	y) M	f Under 1 Yr. If Under 24 Hrs. Ionths   Doys   Hours   Min.		AND NUMBER 27 N. Gil	mor St			
11. 8	IRTHPLACE (S	tote or foreig	n country)	12	CITIZEN OF	13. FATHE	R'S NAME		, Value		
		een,			U.S.A.		n Jones				
	JSUAL OCCUP during most of w			14B. KIND C	OF BUSINESS OR INDUSTR	15. MOTH	ER'S MAIDEN N	AME		Date 1	
	Domes	tic			ivate Family			a Locu	18		
16. V (Yes,	W.W.T.	D EVER IN ( (If yes, give w	U.S. ARMED	of service)	SECURITY NO.	18. INFOR	Allie	Price	827 N	ADDRESS Gilm	nore St.
T	9.	See La			CAUSE OF DEA				021 4	A	PPROXIMATE INTERVAL
	(This does no heart failure,	E OR CONDI EADING TO of mean the osthenio, etc.	DEATH mode of dy it means the	ing, e.g.,	(A)IMMEDIATE C	AUSE Ar	terioscle		cardiov ease		VEEN ONSET AND DEATH
CERTIFICATION	OTHER SIGNI	IG CONDITI	II IDITIONS CO RELATED TO	ONTRIBUTING THE TERMIN	(c)	A3 A CONS	QUENCE OF:				
E.		CONDITION			OR WHICH OPERATION W	AC DERECAR	MED			D) AUTO	PSY? (Yes or No)
CE	7)	OI EXAMO	1200. CON	ADIIION FO	DR WHICH OFERAIION W	-S PERFOR	NED			ZI. AUIC	) + 3 1 / (100 OI 140)
7 2	2A. EXTERN	VAL CAUSE	WAS	122	B. PLACE OF INJURY (e.g.,	in or about	22C WHERE DID	/If in Rollins	ore City alve	exact location)	no
EDIC	UNDERLYING UTING CAL	OR CON'	TRIB-	ho	ome, form, loctory, street, offic	e bidg., etc.)	INJURY OCCUR?	(II III DOIIIII	ore city, give	oxoci ioconony	
	OF INJURY (APPROX.)	Month) (D	oy) (Year		WHILE AT NOT	WHILE ORK	22F. HOW DID II	NJURY OCC	CUR?		
		ify that I he		nquiry [		topsy 🗌	ond that on				
	ACTUAL	ed from N	10 1, e	100	Accident Swice	le L.J. H	omicide L. CHIEF MEDICAL		Ined monne	r []	DATE SIGNED
	SIGNATU		nu	AL C	M.D	•	ISTANT MEDICAL				DATE SIGNED
	NAME (T	ype) Wer	ner U.	Spit	M.D. De	eputy C	hief Medi				7/22/69
	BURIAL CREM	AATION. 2	4B. DATE		24C. NAME of CEMETERY	or CREMAT		LOCATION			
REM	OVAL (Specification)	Ish	7/2		The second secon	Neti				own, or county	
REM	DATE REC'D	Ish	7/2	8/69	Baltimore,	25C.		Balt	timore	, Co.	

ingest 1750 /500 minteres, surlound maintenes, Co. Ja. The Page of the Manual of the State of

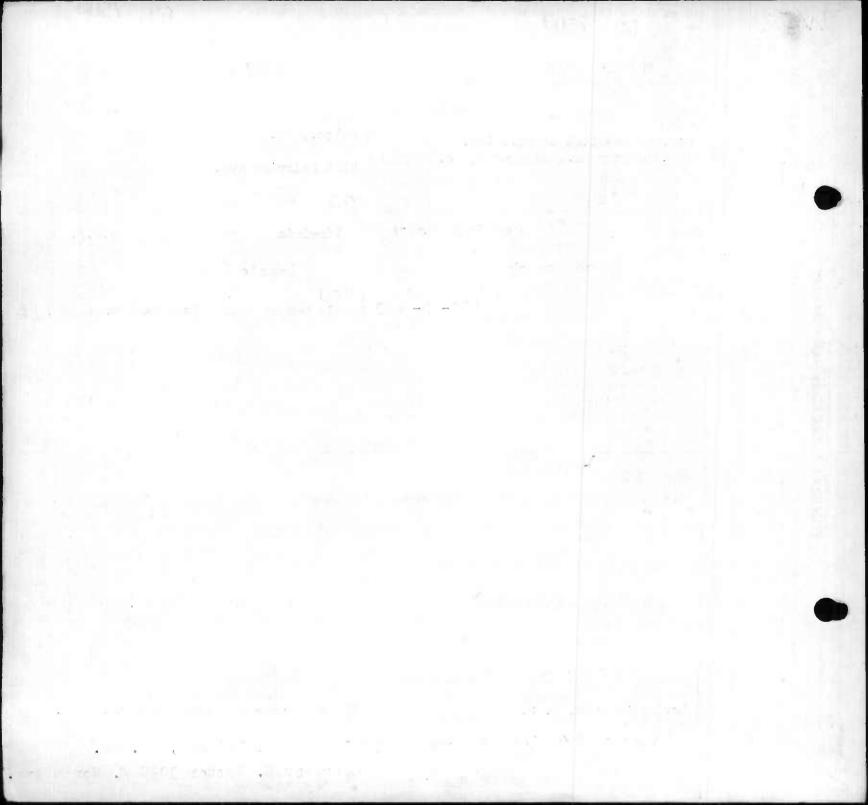
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BALTIMORE	CITY	HEALTH	DEPARTMENT	
CEDTIEL	CA	TE O	E DEATH	

CERTI	FICA	TF O	F DF	ATH

	69	120	)
S. NO.	1		

SERVING CHARLES NOMACK   DATE AND WHEE PROMOUNCED DEAD   A. STATE AND HOUR OF DEATH   7/2/69   3:00 A. M. PACE IN BALLIMORE MARKAD, WHEE PROMOUNCED DEAD   A. STATE HOUR PROMOUNCED DEAD   A	00 7509	TITY HEALTH DEPARTMENT	3 1000
NAME OF DECEASED   D. DATE AND HOUR OF DATA   Tyze of Part   Tyze of Tyze of Part   Tyze of Tyze o	CERTIFIC	CATE OF DEATH	
CHARLES NOMACK  ALACE IN SALIDAGE AMARLAD, WHEE PRONOUNCED DEAD  FILE NAME OF THE HOLDITA OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  NATION  ADDRESS OF LOCATION  THE NOTITY IN POLITY A OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  ADDRESS OF LOCATION  THE NOTITY IN POLITY AS OR INSTITUTION, GVE STREET  THE NOTITY AS OR IN THE NOTITY AS OR INSTITUTION  THE NOTITY	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
## NOTION HOSPITAL OR INSTITUTION, GIVE STREET    ASTATE   B. COUNTY   ADDRESS OR LOCATION	CHARLES WOMACK		
STATE OF CONTINUE DISCUSSION   Continue Contin	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		stitution: residence before odmission)
STATE OF CONTINUE DISCUSSION   Continue Contin	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		1509
STREET AND NUMBER   1.29 Fairview Ave.   1.210   1.20	NOTITITAN		
ALZY FAITVLEW AVE.   ALZY FA		E. STREET AND NUMBER	JES K NO
MONUTED DIVORCED 2/7/16 53  IOA. USUAL OCCUPATION Give hind of working like, even if ridined Cheff  Ocheff  Oc	730 Ashburton St., Baltimore, Md., 2121	6 4129 Fairview Ave.	
MOUNT OUT OF THE PROPERTY OF T	5. SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
A MOTHER'S NAME   Land   Lan			
ADDRESS  TATHER'S NAME  This does not	done during most of working tile, even if retired)		12. CITIZEN OF WHAT COUNTRY
Enoch Womack  5. West Decessed Even in U. S. Armed Friest? Test-no or unknown! Iff yes, give wor or doles of service!  16. SOCIAL SECURITY NO. 213-03-8493  Bessie 7  ADDRESS  CAUSE OF CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, o.g., hour foliate, address, injury or complication which caused doubt)  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if ony, giving this to the above cause (A) stoling the UNDERLYING CONDITION lost.  OITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE EXAMINAL DISEASE OR CONDITIONS IN OR AS A CONSEQUENCE OF:  (a) DUE TO, OR AS A CONSEQUENCE OF:  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) DIFFER SIGNIFICANT CONDITION SCONTRIBUTING TO THE EXAMINAL DISEASE OR CONDITION was remained by a serious control of the Condition of the Texaminal Disease for Condition of tyre in Part 1 Lab.  (b) DEATH OF OPERATION WAS UNDERLYING CONTRIBUTING TO THE EXAMINAL DISEASE OR CONDITION WAS SERIOUNCE OF:  (a) DUE TO, OR AS A CONSEQUENCE OF:  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (f) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (f) DUE TO, OR AS A CONSEQUENCE OF:  (e) DUE TO, OR AS A CONSEQUENCE OF:  (f) DUE TO, OR AS A CONSEQUENCE OF:  (g) DUE TO, OR AS A CONSEQU	Chef Csrriage House	Virginia	U.S.A.
ADDRESS Ten, no of unknown   U. S. Armed Forces?   16. SOCIAL   18. SO	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
No.   Security No.	Enoch Womack	Bessie ?	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliur, ostherine, etc.)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliur, ostherine, etc.)  ANTECCEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TEAMINAL  OTHER SIGNIFICANT CONTRIBUTION TO THE TEAMINAL  OTHER SIGNIFICANT CAUSES OF DEATH TO THE TEAMINAL TO THE T			ADDRESS
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., theort folius, estherine, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoding the UNDERLYING CONDITION [est., or continued of the property of		93 Bessie Womack 4129 Fairy	iew Ave.Balto. Md.
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, asherine, etc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  (S)  OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ERMINAL DISEASE OR CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (PAR NOT AND THE PARENT)  OF A CONTRIBUTION CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (PARENT)  OF CONTRIBUTION CONTRIBUTION CONTRIBUTION	18. // 10.9 1 CAUSE OF DE	ATH	APPROXIMATE INTERVAL
Compared to the control of the mode of dying, e.g., head follow, cathenia, etc. It means the disease, injury or complication which coused death.)    ANTECEDENT CAUSES   DISEASES OR CONDITIONS, it any, giving itse to the above cause (A) stoling the UNDERLYING CONDITION [ct.]   OPEN CONTROLLING CONDITION   OPEN CONTROLLING CONTROLLING		6	1
heat failure, asthemic, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stoling the UNDERLYING CONDITION loss.  OUE TO, OR AS A CONSEQUENCE OF:  (C)	(A)IMMEDIATE		murules
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the UNDERLYING CONDITION lost.  (C)	heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
To the significant conditions contributing to the teaminal Disease of conditions of the teaminal Disease of conditions (c)    To the significant conditions contributing to the teaminal Disease of conditions (c) the teaminal Disease of Death (c) the Death (c) the teaminal Disease of Death (c) the United Death (			1-2414
The part of operation lost of the terminal distance of the terminal distance of the part o	DISEASES OR CONDITIONS If any giving DUE TO, OR	as a CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   DISEASE OF CONDITION GIVEN IN PART   1A1.	rise to the above cause (A) staling the		
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout   21C. WHERE DID home, lorm, foctory, street, office bldg.,   NJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. How DID INJURY OCCUR?  22. I certify that (I) (this haspital) attended the deceased fram   3 - 6   196 9   that (I) (we) last saw the deceased alive an   3 - 9   196 9   and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE   Attending   Med.   Shaff   Phys.   7 - 2 3 - 6 9    23C. PHYSICIANS   NAME (Type)   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)   Burial   7/26/69   Arbutus Memorial Park   Baltimore   CO. Md   25C. FUNERAL DIRECTOR   ADDRESS   25C. FUNERAL DIRECTOR   25C. FUNERAL DIRECT	UNDERLYING CONDITION last, (C)		
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout   21C. WHERE DID home, lorm, foctory, street, office bldg.,   NJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. How DID INJURY OCCUR?  22. I certify that (I) (this haspital) attended the deceased fram   3 - 6   196 9   that (I) (we) last saw the deceased alive an   3 - 9   196 9   and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE   Attending   Med.   Shaff   Phys.   7 - 2 3 - 6 9    23C. PHYSICIANS   NAME (Type)   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)   Burial   7/26/69   Arbutus Memorial Park   Baltimore   CO. Md   25C. FUNERAL DIRECTOR   ADDRESS   25C. FUNERAL DIRECTOR   25C. FUNERAL DIRECT	Z OTHER SIGNIEICANT CONDITIONS CONTRIBUTING		
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout   21C. WHERE DID home, lorm, foctory, street, office bldg.,   NJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. How DID INJURY OCCUR?  22. I certify that (I) (this haspital) attended the deceased fram   3 - 6   196 9   that (I) (we) last saw the deceased alive an   3 - 9   196 9   and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE   Attending   Med.   Shaff   Phys.   7 - 2 3 - 6 9    23C. PHYSICIANS   NAME (Type)   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)   Burial   7/26/69   Arbutus Memorial Park   Baltimore   CO. Md   25C. FUNERAL DIRECTOR   ADDRESS   25C. FUNERAL DIRECTOR   25C. FUNERAL DIRECT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lorm, loctory, street, office bidg., in or obout 21C. WHERE DID home, lord, office bidg., in or obout 21C. WHERE DID home, lord, office bidg., in or obout 21C. WHERE DID home, lord, in or obout 21C. WHERE DID home, office bidg., in or obout 21C. WHERE DID home, lord, street, office bidg., in or obout 21C. WHERE DID home, lord, street, office bidg., in or obout 21C. While Local DID home, office bidg., in office bid	19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	IN CERTEVING CAL	INDINGS CONSIDERED
DEATH (notity medical examiner)    DEATH (notity medical examiner)   DEATH	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	.g., in or about 21 C. WHERE DID (It in Saltimore	e City, give exoct location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work 22. I certify that (I) (this haspital) attended the deceased fram 3-6 1967 ta 3-/9 1969 that (I) (we) last saw the deceased alive an 3-/9 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Inving Freeman, M. D.  23C. PHYSICIAN'S NAME (Type)  Inving Freeman, M. D.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24C, NAME of CEMETERY or CREMATORY  Burial 7/26/69 Arbutus Memorial Park Baltimore, CO. Md  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR	d DEATH (notity medical examiner) etc.)	t, office bldg., INJURY OCCUR?	
While At work   Not Work	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this haspital) attended the deceased fram 3-6 1967 to 3-79 1969 that (I) (we) last saw the deceased alive an 3-79 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)  Irving Freeman, M. D.  24A. BURIAL CREMATION, 24B. DATE  24C, NAME of CEMETERY or CREMATORY  REMOVAL (Specily)  Burial 7/26/69 Arbutus Memorial Park  Baltimore, CO. Md.  25C. FUNERAL DIRECTOR  ADDRESS	While At Not V	While	
that (I) (we) last saw the deceased alive an 3 - 9 19 6 9 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  7 - 2 3 - 6 9  23C. PHYSICIAN'S NAME (Type)  Irving Freeman, M. D.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, of county) (Stole)  Burial 7/26/69 Arbutus Memorial Park Baltimore, CO. Md.  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  ADDRESS			-19 1069
and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  7 - 2 3 - 69  23C. PHYSICIAN'S NAME (Type)  Irving Freeman, M. D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  Burial 7/26/69 Arbutus Memorial Park  Baltimore, CO. Md.  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  Address	2 . 0		
23A. SIGNATURE  Attending Med. Stoff 7 - 2 3 - 69  23C. PHYSICIAN'S NAME (Type)  Irving Freeman, M. D.  24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY  Burial 7/26/69 Arbutus Memorial Park Baltimore, CO. Md. 25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  23B. DATE SIGNED 7 - 2 3 - 69  27 - 2 3 - 69  28B. DATE SIGNED 7 - 2 3 - 69  27 - 2 3 - 69  28B. DATE SIGNED 7 - 2 3 - 69  29B.			war about deconou all me gan
23C. Physician's NAME (Type)  Irving Freeman, M. D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  Burial 7/26/69 Arbutus Memorial Park  Burial 7/26/69 Arbutus Memorial Park  Baltimore, Md., 21216  24C. NAME of CEMETERY or CREMATORY  Burial 7/26/69 Arbutus Memorial Park  Baltimore, CO. Md.  25C. FUNERAL DIRECTOR  ADDRESS		Ty view the body offer death.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)  Irving Freeman, M. D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  Burial 7/26/69 Arbutus Memorial Park Baltimore, CO. Md. 25C. FUNERAL DIRECTOR ADDRESS			7 - 23 - 69
Irving Freeman, M. D.  QEGREE 730 Ashburton ST. Baltimore, Md., 21216  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)  Burial 7/26/69 Arbutus Memorial Park Baltimore, CO. Md.  25A. DATE REC'D 87 HEALTH DEPT. (25B. NAME OF MCDTRAR 25C. FUNERAL DIRECTOR ADDRESS	23 C. PHYSICIAN'S		
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Burial 7/26/69 Arbutus Memorial Park Baltimore, CO. Md.	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of		re, Md., 21216 ly, town, or county) (Stote)
25A. DATE REC'D 89 HEALTH DEPT. 125B. NAME OF ANOTRAR 25C. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specily)		
	2SA. DATE REC'D 8Y HEALTH DEPT. (258 NAME OF ACTIONAR	25C. FUNERAL DIRECTOR	GU Md ADDRESS
JUL 25 1305 W. North Ave	JUL 25 1969 Judes 4. Judes, 1.		



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# BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	59	7510

FUL	LL NAME OF	(IF NOT IN HOSPITA	HERE PRONOUNCED DEAD	A HISHAL PESIDEN		HOUR OF DEATH	titutian: resid	9:30 A. dence befare admiss
HO INS	SPITAL OR	3702 Den	C. CITY OR TOWN Baltimore  D. INSIDE CITY, LIMITS? YES 77 NO					
6	20	)   0 = 0		3702 Dennison Road				
	emale	Negro	7. MARRIED NEVER MARRIED DIVORCED	11/21/1	.867 last	AGE (In yeors birthday)	If Under 1 Manths Do	oys Hours Mir
		PATION (Give kind of work) orking life even if retired) SE WIIE	108. KIND OF BUSINESS OR INDUSTRY Home			Missouri		S.A.
13. [	FATHER'S NAM		Garner	14. MOTHER'S MA	n Patt	erson	,	
		Ever in U. S. Armed Fore (If yes, give wor or dote:		Mr Abdel	la Can	apbell 37		nnison R
	DISEASES O	nsthenio, etc. II means oblication which coused NTECEDENT CAUSES  R CONDITIONS, if obove couse (A) CONDITION last.	death.)  (B)  DUE TO, OR AS	S A CONSEQUENCE C	OF:			
FICATION	DISEASES OF THE UNDERLYING	NTECEDENT CAUSES  R CONDITIONS, if obove couse (A) CONDITION last.  II CANT CONDITIONS COI 1 8U1 NOT RELATED TO TH OPERATION 198. CON OPERATION 198. CON	death.)  any, giving DUE TO, OR AS Stating the (C)		(Yes or No) 2	OB, IF YES, WERE FI	INDINGS CO	ONSIDERED ATH?
CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OR CO.  19A. DATE OF	NTECEDENT CAUSES  R CONDITIONS, if obove couse (A) CONDITION last.	death.)  any, giving DUE TO, OR AS Stating the (C)	20 A. AUTOPSY? (   in or obout 21 C. WHEI	(Yes or No) 2	OB. IF YES, WERE FIN CERTIFYING CAU	ISES OF DE	ATH?
DICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	NTECEDENT CAUSES  R CONDITIONS, if obove couse (A) CONDITION last.  I CANT CONDITIONS COIL 18 UT NOT RELATED TO JUDITION GIVEN IN PAR OPERATION 198. CON WAS PERF	(B) DUE TO, OR AS sloting like  (C)  NTRIBUTING HE TERMINAL T I (A). DITON FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.)  (Hour)  216. INJURY OCCURRED While At Not While	in or obout 21C. WHEI INJURY O	(Yes or No) 2	(If in Saltimare	ISES OF DE	ATH?
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MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OF CO.  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) () ond hour and	NTECEDENT CAUSES  R CONDITIONS, if obove couse (A) CONDITION last.  CONDITION In the couse of the couse of the couse (A) CONDITION IN THE couse of t	many, giving slating lhe  (C)	20A. AUTOPSY?!  NO in or obout 21 C. WHEI affice bldg., INJURY O  21F. HOW  19 9  view the body ofte	(Yes or No) 2	(If in Saltimare  OCCUR?	City, give e	ATH?  Exect lacetion)  2.2
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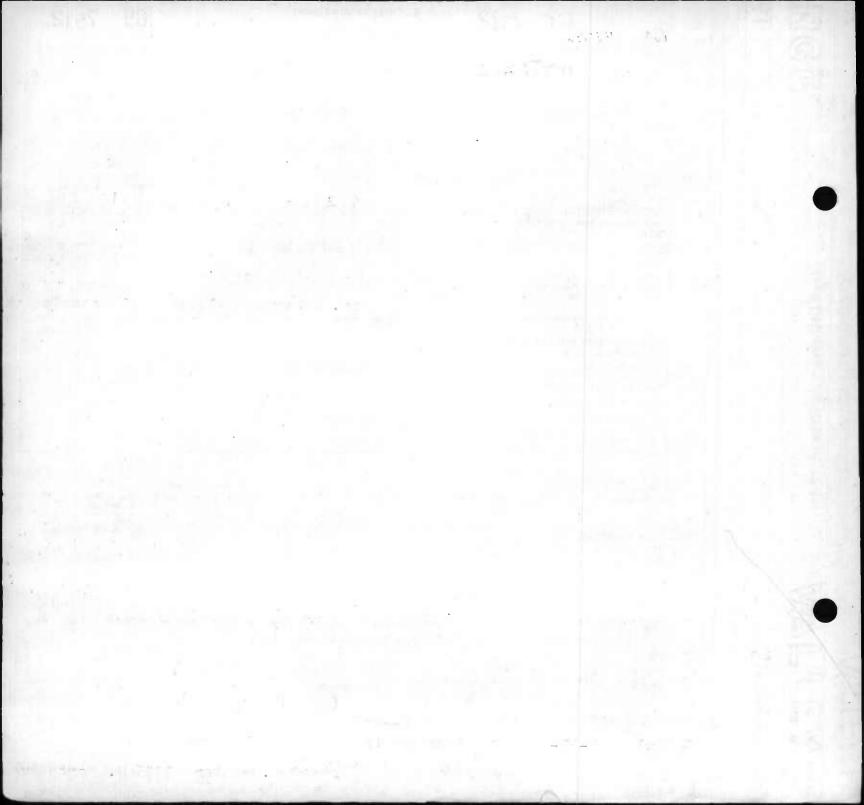
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MEDICAL	EVALAINIEDIC	CEDITICICATE	OF DEATH
MEDICAL	EXAMINER 9	CERTIFICATE	OF DEATH

I. NAME OF E				2. DATE	Known 🔼	Month	Doy		ear Hour
		RGE M. S		OF DEATH	Estimoted		23, 196		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO		3. DATE PRONOUN	NCED DEAD	July	23, 196		Hour 8
HOSPITAL OR INSTITUTION	ÀDDRESS OR LOCA	ATION)		5. USUAL RES	IDENCE (Where				
В	altimore City	Hospital	(DOA)	A. STATE	aryland		B. COUNTY	N	263
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR T			D. INSIDE	CITY LIM	ITS?
Male 9. DATE OF B	White	WIDOWED			altimore			YES 🗌	NO 🗌
MAT	11 //ax 3 last birthd	ay Mant	nder 1 Yr. If Under 24 Hrs. hs, Days, Hours, Min.		112 Wrig	ht Ave	nue		
II. BIRTHPLAC	E (State or formion country)		ITIZEN OF	13. FATHER'S	_	7	1140		-
" Wew	york	W	WHAT COUNTRY?	1	corde	Xee	man		
14A.USUAL OC	CUIVATION (Give kind of work of working life, even if retired)	148. KIND OF B	SUSINESS OR INDUSTR	15. MOTHER'S	MAIDEN NA!	WE F	2		
14 MAS DECE	ASED EVER IN U.S. ARME	D sopcess	17. SOCIAL	VIII	rama	at	NY	ARDATA	
	wn) (if yes, give wor ar dates		SECURITY NO.	18. INFORMA	2410	PRMA	4 11	ADDRES	12/1
19.	A		CAUSE OF DEA	TH	VION)	4/4	p. 11	rug	APPROXIMAT
41	2,00		Hypertensi		rteriosc	leroti	C	•	BETWEEN ONS
DISE	ASE OR CONDITION DIRE LEADING TO DEATH	CILY		0	ardiovas			e	
(This doe	s nat mean the made of dure, asthenia, etc. It means th	ying, e.g.,	(A) IMMEDIATE O	AS A CONSEQUE					
injury or	complication which coused de	. 41 1							
11		ain.)							
	ANTECEDENT CAUSES	ain.)	(R)						
DISEASE	ANTECEDENT CAUSES S OR CONDITIONS, IF AN	Y, GIVING	(B) DUE TO, OR	AS A CONSEQU	JENCE OF:				
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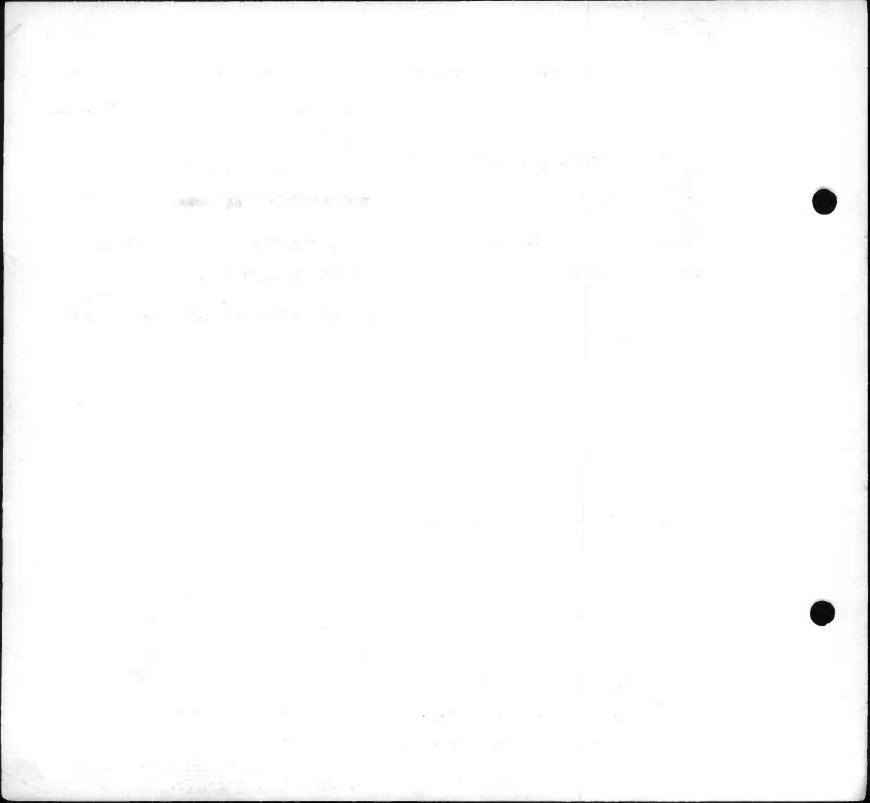
PO PERSON secondestable objection evalues and

20 7-	BALTIMORE CIT	Y HEALTH DEPARTMENT PEG NO 7512
1.9-1117	CERTIFICA	ATE OF DEATH REG. NO. 89 7512
BIRTH NO. 69-11474	<b>Q=1,</b>	2. DATE AND HOUR OF DEATH
(Tunn no Binn no	EL SHELTON	10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
or react in section of the reaction	THOUSE DEFINE	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND 1510
NSTITUTION		C. CITY OR TOWN  D. INSIDE CITY LIMITS?
LUTHERAN HOSPITAL OF	MARYLAND	E. STREET AND NUMBER
46		3821 SEQUOIA AVE 21215
S. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
	= =	last birthday) Manths Days Haurs Min.
M NEGRO WIDOW		11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
lane during mast of working life, even if retired)		
None		MARYLAND
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
RUSSELL MICHAEL S.	HELTON	DEBORAH YOUNG
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war ar dates of service	SECURITY NO.	Mrs. Deborah Shelton 3821 Sequoia Ave
18.	CAUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	(A) IMMEDIATE CA	USE DERSIE - Over Whelming
(This does not meon the mode of dying, heart foilure, osthenia, etc. It meons the dise	DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which caused death.)	,	0
ANTECEDENT CAUSES		2) Peritamatan
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR A	S A CONSEQUENCE OF:
rise to the obove cause (A) slating		3 Paranalal
UNDERLYING CONDITION last.	(c)	a) Lew noo noo
, II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN		
▼ DISEASE OR CONDITION GIVEN IN PART ! (A).		200 AUTOROVA (Var. o. Mail 200 IF MED WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OC	018 81 4 65 05 (5111184)	IES.
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
O DEATH (natify medical examiner)	etc.)	
W OF MILLIPY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
E OF INJURY	While At Not Wh	
22. I certify that (I) (this haspitol) ottende		July 2 19 69 10 July 19 19 69
that (I) (we) lost saw the deceosed alive	on July 19	19.69 ond that in(my) (aur) opinion death occurred on the date
ond haur and from the causes stated above	e. (1) (We) (did) (did nat)	view the body after deoth.
23A. SIGNATURE		23 B, DATE SIGNED
mi: On Kl	U D DECRESS PH	tending Med. Staff Phys. Director Phys. 9 18 69
23C. PHYSICIAN'S	DEGREE PI	ys. Director Phys. 1, 13, 69
NAME (Type)		1 11 11 (1) C M
MIN JA KOO	K . DEGREE	Lutherau Mospital It Maryland
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCATION (City, tawn, ar county) (State)
	t Auburn Ceme	tery Baltimore Maryland
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	Bed M.D. ()	Herbert E. Nutter 3035 W. North Ave
994.		



						-1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	a hospital (except where the physician who pronounced death was in regular attendance on the	r to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be ap	the body was released to	shows: (1) An accident of a	was D.O.A. at a hospital (	deceased prior to death);	written approval must be	

	CITY HEALTH DEPARTMENT 59 7513
BIRTH NO. 7 69 7513 CERTIF	ICATE OF DEATH REG. NO. 59 7513
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
BARNHILL, George Roosevel	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: tesidence before admission) A. STATE B. COUNTY
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 706
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
2	Baltimore YES X NO
The Johns Hopkins Hospital	E. STREET AND NUMBER
-	1729 Rutland Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs. Months: Days Hours 1 Min.
Male Negro WIDOWED DIVORCE	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or loreign country)   12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)  Laborer  Glidden Co.	Nonth Complian
13. FATHER'S NAME	North Carolina U.S.A.
Willie Barnhill	
	Xxxxxxx Doshie Hollis
15. Wes Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADORES
no	Kenneth E. Barnhill 2816 Overland ★v
18./ CAUSE OF	DEATH 1 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY 16	acute premonary embolism BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not mean the made of dying, a.g., heart failure, asthenia, etc. It means the disease,	DR AS A CONSEQUENCE OF:
injury at camplication which coused death.)	
ANTICIDENT CAUSES	memore donny for long cancel. 36 hours
DISEASES OR CONDITIONS, if any, giving DUE TO, C	OR AS A CONSEQUENCE OF:
nse to the above cause (A) staling the	
UNDERLYING CONDITION last. (C)	***************************************
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	100 A
EV7-7 (- ( 9 WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 27 PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF form, foctory, street of the contribution	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) etc. office bidg., INJURY OCCUR?
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
(A PPROX.) While At   Not	While
Work LJ At	Work L.J
22. I certify that (1) (this hospital) attended the deceased fram.	1919
that (1) (we) last saw the deceased alive on 1217 AM	7-23 19 and that In(my) (our) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did n 23A. SIGNATURE	
	Attending Med. Stoff C
In Yellim, & MP. OEGREE	
23C.PHYSICIAN'S ' NAME (Typel	23D. ADDRESS
John M. Kellum, Jr., M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of REMOVAL (Specify)	F CREMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 7-28-69 Mt. Calvary Co	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	
1111 25 1969 Robert & Jabes M. D.	25C. FUNERAL DIRECTOR 1735 Harford Av. 2422755
VS 150-REV. 1/1/68	Marshall W. Jones, Jr.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

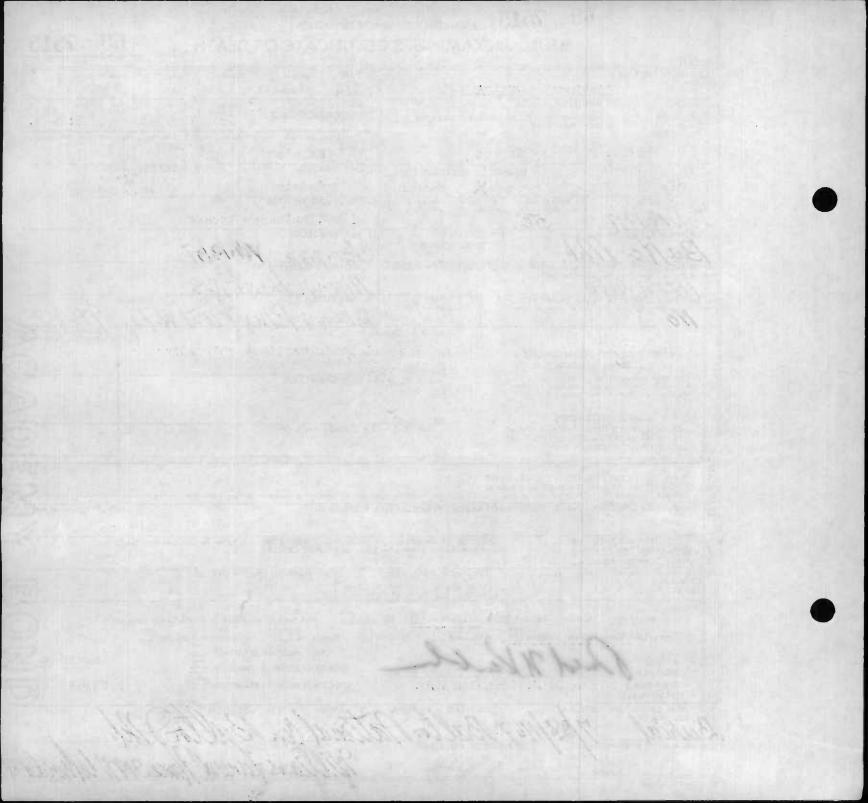
D-655 BALTIMORE CIT	Y HEALTH DEPARTMENT 69 7514
BIRTH NO. 63 7514 CERTIFICA	ATE OF DEATH Registered No. 03 7314
M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
DRUMMONG, TRENE	JULY 21, 1969, 9.85 p.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
HOSPITAL OR oddress or location) INSTITUTION	
FARNKLIN SQUARE HOSPITAL	D. STREET ADDRESS (If rurol, give location)
2/	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH   9, AGE (In years   If Under 1 Yr.   II Under 24 Hrs.
FEMPLE BLACK WIDOWED, DIVORCED (specify)	4-14-88 lost birthdoy Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	WHAT COUNTRY?
NONE	MARYLAND. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Makaana	ilnknown
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Lula Clarke sol Cons. Are Atlanto City
18. CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	EART FAIL
(This does not meon the mode at dying, e.g., DUE TO heart failure, osthenia, etc. It meons the disease,	V-17.15.1.1.17.17.19
	and the management of
ANTECEDENT CAUSES (B) S	EVERE MALNUTRITION
DISEASES OR CONDITIONS, it ony, giving	
rise to the above cause (A) stating the (C)	
II.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. Date of OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	// /
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
WORK C AT WOR	
22. I certify that (I) (this haspital) attended the deceased fram	7-2/ 1967 10 7-2/ 1967.
	and that in(my) (aur) apinian death occurred an the dote
and haur and from the causes stated above. (1) (We) (did) (did not)  23A. SIGNATURE	
A - Clait Manage M.D. At	tending Med. Stolf July 91 69
	ys. Director Phys.
PARE (Type) DR. AMONRATH CHITTCHANG.	Franklin Square Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City Igwn, or county) (State)
Bubin My Applied O Polle Intrain	Plane Boll - Alle
25A. DATE REC'D BY HEALTY DEPY. 25B. NAME, OF REGISTRAR	255 FUNESAL DIRECTOR ADDRESS
11 1 25 1969 Robert E. Jackens 184 0	WIN View St. 12 Mars Home 2111 lah Looks AR
V\$ 780-REV, 1/1/65	The many laneral living old living of the

No best and the second second

IEDICAL.	EVALUNIEDIC	CERTIFICATE

11)-(15)	69 7515 BALTIMORE CITY HEALTH DEPARTMENT
00 702	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

W-43	MEI	DICAL	EXAMINER'S	ERTIFIC	ATE OF	DEATH	H REG. NO	69	751	5
BIRTH NO.							KEG. NO.			
NAME OF DE	CEASED			2. DATE	Knawn 🔲	Month	Doy	Yeor	Hour	
Type or Print)	CARMEATE	R WIL	LIAMS	DEATH	Estimoted					A.d
. PLACE IN BA	LTIMORE, MARYLAND.			3. DATE		Month	Doy	Year	Hour	М.
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET		NCED DEAD	July	22,1969	)	3:45	P .M.
100	57 W. Mulber	ry Stre	eet	A STATE	DENCE (Where		B. COUNTY	Yesigence be	02	on)
. SEX	7. RACE	B. MARRII	D NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE CIT	Y LIMITS?		
Female	Negro	WIDOW		Ba1	timore		VE	s 🖄 N	0 🗆	
DATE OF BIRT	lost birthd	(In years	Il Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.	E. STREET AN				1		
1. BIRTHPLACE	State or foreign country)	20	2. CITIZEN OF	13. FATHER'S	Mulberr	y Stre	et			
Ball	0. ///ch		WHAT COUNTRY?	Clam	ns 1	Vin 191	17 11			
one during most of	working life, even if relired		OF BUSINESS OR INDUSTRY	15. MOTHER	MAIDEN NA	WE /	1-			
House	ewife			Mark	y Har	4 KIN	5			7
	(If yes, give wor or dote:		17. SOCIAL SECURITY NO.	18. INFORM	10 Rh	1/2	6-1 W/S	DRESS	14.0	X
19.	~ 2/		CAUSE OF DEAT	IH Laloray	3/1/16	01/0	WIT		OXIMATE INTE	
Distant	T OR CONDITION DIR	FCTLV	Arterios	clerotic	Cardiov	ascula:	r Diseas		N ONSET AND	DEATH
DISEAS	SE OR CONDITION DIR LEADING TO DEATH	ECILY			oururo	ab ou La	Diocas			
(This does n	not mean the mode of d	lying, e.g.,	(A)IMMEDIATE C	S A CONSEQUE	NCE OF					
heart foilure	e, osthenio, étc. It meons th mplicotion which coused d	ne diseose,	502 10, OK A	O A CONSEQU	ince or.					
DISEASES	NTECEDENT CAUSES OR CONDITIONS, IF AN	Y, GIVING	(B) DUE TO, OR A	AS A CONSEQU	ENCE OF:				***************************************	
RISE TO TH	E ABOVE CAUSE (A) ST.	ATING THE								
5			(c)						<del></del>	
	11 NIFICANT CONDITIONS ( ATH BUT NOT RELATED TO									
DISEASE OF	R CONDITION GIVEN IN	PART 1 (A).	OR WHICH OPERATION WA	C DEDECORAGE				las Auron		h
	TOTERATION 200. CC	MUNICIA	OR WHICH OPERATION WA	13 PERFORME	,			21. AUTOPS	SY? (Tes or	Noj
₹ 22A. EXTER	NAL CAUSE WAS	12	28. PLACE OF INJURY (e.g.,	in or about 220	WHERE DID	If In Baltimore	City alva avoc	no		
UNDERLYING CA	OR CONTRIB-	h	ome, form, foctory, street, office	bldg., etc.) INJ	URY OCCUR?	, III 00III.	City, give and	. rocanony		
OF INJURY	(Month) (Doy) (Yes	ar) (Hour)	· · · · · · · · · · · · · · · · · · ·	WHILE (	HOW DID IN	JURY OCCU	R?			
(APPROX.)		п	n. WORK AT WE		- 1					
	tify that I held on	Inquiry [	Inspection Aut	opsy 🗌	and that on th	ils basis, e	leath In my c	pinlon		
resul	ted from: Natural ca	uses 🔀	Accident Suicide	e Hom	Icide 🗌	Undetermin	ed monner	]		
	17.1	11/	118	CH	IEF MEDICAL E	XAMINER		-	.==	
SIGNAT		nK.	M.D.	- ASSIST.	ANT MEDICAL E	XAMINER	xx	D	ATE SIGNE	U
EXAMIN NAME (1	IER'S Ronald	N. Kon	rnb1um,M.D.	ASSOC	ATE MEDICAL E	XAMINER		7/23	/69	
AA. BURIAL CRE	MATION, 248, DATE	1	24C. NAME of CEMETERY	CREMATOR	24D,	LOCATION	1 Sty nown	or county)	(Stote)	_
Suhla.	7/38	11960	Ballo to	TINA	1/1/1	1000	1 A	111		
SA. DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. FU	NERAL DIRECTO	R	1 7 AD	DRESS	. /	
1111 9	5 1965 Pobe	68.30	Ber M.D.	Phi	Viame &	Tunnin	Homes	2100	lakin	Mak
S 151. DEV 3/1/A			6900	YENE	MENTO JA	concerns	- HARRA	47/11	appar	11/4



0 150	BALTIMORE CITY	HEALTH DEPARTMENT				
G-650 69	7516 CERTIFICA	TE OF DEATH	REG. NO.	69 7516		
BIRTH NO.	TOLO CERTIFICA					
(Type or Print) Joseph	Green		7-21-69	0.75		
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD			9:35 p. M.		
		A. SIAIE B. COUN	TY	motion: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland 1403				
Provident Ho	spital, Inc.	C. CITY OR TOWN		DE CITY LIMITS?		
1514 Divisio	n Street	Baltimore E. STREET AND NUMBER		YES NO		
Baltimore, 1	laryland 21217	1824 McCulloh Street				
5. SEX   6. RACE   7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Her		
Male Negro W	OWED DIVORCED	3-1-09	lost birthday)	Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B.	OND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE   State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Retired Westview Cinema		Boston, Mass		CU.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		9.53.R.		
Unknown						
15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown)   Iff yes, give wor of dotes of	16. SOCIAL	Unknown				
IYes, no or unknown) lif yes, give wor of doles of	ervice) SECURITY NO.	Rev. Thomas- 1	838 McCullo	h St. ADDRESS		
[18, ] / 4	220-03-9640A	Mrs. Anna Ster	rett-friend	1824 McCulleh St.		
	OLIGOR OF DEVIL	1	2n	d F I APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTI		TITLE OF THE PARTY		F 0		
(This does not mean the mode of dyin		VL	ARDIOVASCULA			
heart failure, asthenia, etc. It means the injury or complication which caused deat	I SPINSS	DI	SEASE with	1 1.33 L.M.		
ANTECEDENT CAUSES		ARTERIOS	CLEROSIS	7-21-69 at		
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the abave cause (A) stoti	A ma			9:35 P.M.		
ONDEREING CONDITION last.	(c)					
O OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING					
OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1. (A	MIMAL					
19A. DATE OF OPERATION 19R CONDITION WAS PERFORM	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIL	NDINGS CONSIDERED		
	<u> </u>	No	IN CERTIFYING CAU	SES OF DEATH?		
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., ir home, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)		
DEATH (notify medical examined	elc.)	I COUNTY OF COUNTY				
OF INJURY		21 F. HOW DID INJU	RY OCCUR?			
(APPROX)	While At Work At Work					
22. I certify that (I) (this hospital) atte			69 to July	21, 1969		
that (1) (we) lost saw the deceased all		60		on death accurred an the date		
			intimy/ toury opini	on dearn accurred an the date		
and have and from the causes stoted above. (i) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  M.D.  DEGREE Phys.  Attending   Med.   Shaff   Med.   7-22-69						
	M.D.	1514 Division S	Street Bal	to., Maryland 21217		
RAYMUNDO R.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	OR PUZ DEGREE					
				town, or county) [Stote]		
Burial 7/26/69	Mt Auburn Ceme	tery Ba	lto.,Md.			
25A. DATE REC'D BY HEALTH DEPT. E. TE.	SEL MINE	25C. FUNERAL DIRECTOR	000 -	ADDRESS		
VS 150-REV. 1/1/68	7 7 11 1	Wm C March	928 E. Nor	th Ave.		

V - 0 

W 352 69 7517. BALTIMORE CITY HEALTH DEPARTMENT

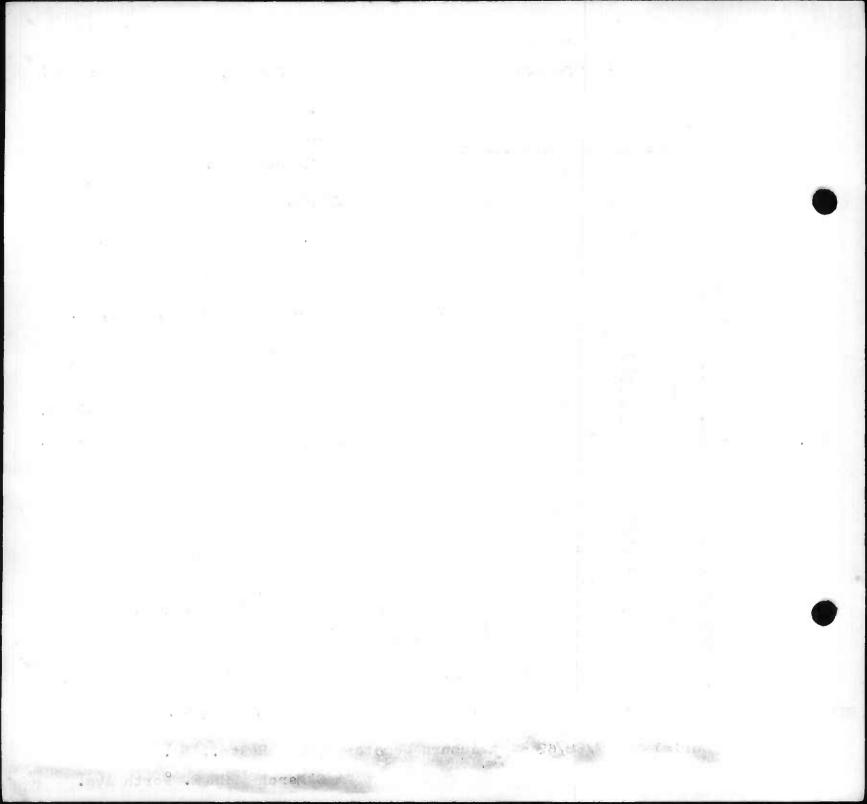
MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH REG. NO. 69 7517
1. NAME OF DECEASED (Type of Print)  PEARL WASHINGTON	2, DATE Knawn   Manth Day Year Hour OF   DEATH Estimated   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Year Hour PRONOUNCED DEAD July 20, 1969 9:45 A. M.
1330 W. Mosher Street (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MAR	RRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVOR	
Dec 6, 1918    O.AGE (In years   If Under 1 Yr. If	er 24 Hrs. E. STREET AND NUMBER rs , Min. 1330 W. Mosher Street
II. BIRTHPLACE(State or fareign country)  12. CITIZEN OF WHAT COUNTR	13. FATHER'S NAME Thomas Lane
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR I	
lane during most of working lile, even if retired)	Louise Holmes
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown)((II yes, give wor or dates of service) SECURITY	NO. 18. INFORMANT ADDRESS
lip. CAUSE	Mr. Crosby Washington 3210 Walbrook
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart latilure, osthenta, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERA	URY (e.g., In or about 22C. WHERE DID (II in Baltimore City, give exact location) treet, office bldg., etc.)
OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection resulted from: Natural causes X Accident ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	NOT WHILE AT WORK
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	EMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)
Burial 7/24/69 Arbutus	Mem Park Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	R 25C. FUNERAL DIRECTOR ADDRESS
/C 151 pSV 2/1/48	1 101011

BUTHE BOHOVER nonfor Bolimon us alcomplem Office moran himty voltant) am TARAGE Arbutus Per Perk Belto. M. Man C March . 926 E. Borth Ave.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

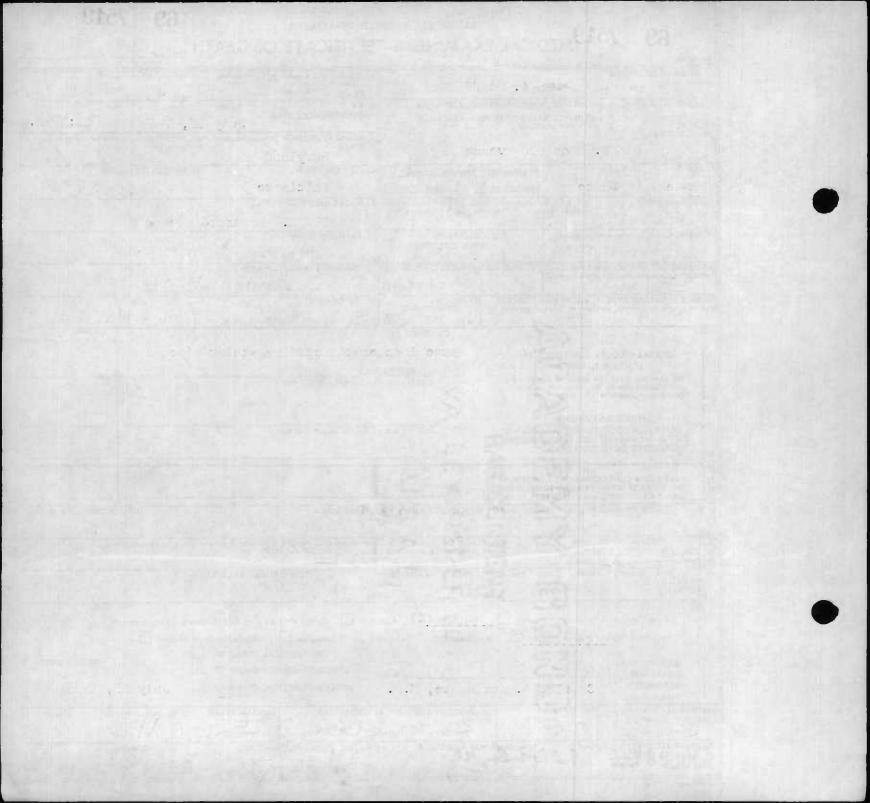
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	T-50	25			BALTIMORE CITY	HEALTH DEPAR	RTMENT		69	7518
BII	ATH NO.		69	7518	CERTIFICA	TE OF DE	EATH	REG. NO		1010
1.1	NAME OF DEC	EASED					2. DATE AND	HOUR OF DEATH		
''' <sup>y</sup>	pe or Print)	Emr	ma Jane	Johnso	n		July	23, 1969	1	3: 45 P
3.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	B. COUNTY	deceosed lived. II in	stitution: resid	lence before admission)
FL	ILL NAME OF STITUTION	(IF NOT	IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Md.		[n 1110	DE CINY HAVE	501
US Public Health Service Hospital					Baltimore D. INSIDE CITY LIMITS?					
1	3100 Wy			vice Hos	pital	E. STREET AND NUMBER 1035 Orleans St.				
5.	SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		AGE (In years	If Under 1	Ye If Under 24 Hrs.
	F	co		WIDOWED	DIVORCED	4/25	/97	t birthdoy)	Months D	Hours Min,
dor	e during most of	PATION (Give vorking life, eve	e kind of work en if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE	(State or fareign	country)	12. CITIZEN	OF WHAT COUNTRY?
L	Housew	ife				Va	<u> </u>			USA
13.	FATHER'S NA		i a	A		14. MOTHER'S A				
	JOL	omou	o m	TOWTA	GUE	E	mmA	Sm1-	TH	
15. (Ye	Wos Deceased s, no or unknown)	Ever in U. S.	Armed Fore	ces?	16. SOCIAL	17. INFORMANT				DDRESS
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WOI GE BOIL	s ui seivice:	SECURITY NO.	Record	s_ US PH	S Hospital	L. Balt	o. Md.
	18.	7.4			CAUSE OF DEAT				17	APPROXIMATE INTERVAL
	DISEAS	E OR CONE	DITION DIR	ECTLY	Ro	1111 5	-	EMBOL	BET	WEEN ONSET AND DEATH
		LEADING T			(A) IMMEDIATE CAL	ISE O	10m	- 11 BOL	0	1 day
	lThis does n heart failure,	asthenia, elc	. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE				
	injury or com			death.)			· - 14	ZXRT FA		
	ANTECEDENT CAUSES (B)					26-0571	06 11	LARIT	THE	10 yrs.
	pise to the characters (A) station the					A CONSEQUENCE	OF:	LUTION		10 yrs.
_		11		-						
ATION	OTHER SIGNIF	BUT NOT RE	LATED TO TH	E TERMINAL						
S	19A. DATE OF	OPERATION	19B. CONE	STION FOR W	HICH OPERATION	20A. AUTOPSY	2 (Yes or No) 2	OB. IF YES, WERE F	EINDINGS CO	MCIDERED
CERTIFIC	10		WAS PERF	ORMED		N	0	N CERTIFYING CA	SES OF DEA	TH?
C	21A. ACCIDEN	T WAS UND	ERLYING	21B.	PLACE OF INJURY (e.g., i	or about 21 C. WH	ERE DID	(If In Boltimore	City, give es	roct location)
¥	OR CONTRIBU DEATH Inglify	TING [ CAU medical exam	SE OF	home	, farm, factory, street, af	fice bldg., INJURY	OCCUR?	11 /A	,, ,	ioconorr,
MEDICAL	21 D. TIME	(Month) (Do	10		INJURY OCCURRED	235.46		N/W-		
ME	OF INJURY	1 1	A	Whit	e At   Not While		W DID INJURY	/ OCCUR		
			/ 4	Work			N	14		
					deceased fram		19 _	69 to Jul	y 23	19 69
	that (l) (we)							in (my) (aur) opli	alan death o	occurred on the date
			uses state	ed above. (1)	(We) (did) (did hot) v	lew the bady aft	ter death.			
	23A. SIGNATU	XE () -	20	0 -	100				23B, DATE S	IGNED
		Blun	O The	el	DEGREE Phys	nding Me	d. Shall	#. 🗔:	7-3	23-69
	23C. PHYSICIA!	V S		^	DEGREE	3D. ADDRESS			1	
		To the	2 D	GELIN		US PHS Ho	spital.	Balto, Md.		
24A	BURIAL CREA	AATION, 24B	DATE		DEGREE!		24D. LOC/		y, town, or co	ounty) (Stote)
	Burial	7	/28/6		Auburn Cen	etery	Ba	ito., Ma	Hd	
25A	DATE REC'D	BY HEALTH		258 NAME O	REGISTRAR	25C. FUNERAL	DIRECTOR			ADDRESS
		5 1969	Ulater	3 E. Jail	en ven	With G	March	928 E.	North	Averth Ave
VS	150-REV. 1/1/6	В								



### 1 M620 69 7519 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NC.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
ANICH PROPERTY	DEATH Estimoted L 1/- 05- 69 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour PRONOUNCED DEAD
IFUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	July 25, 1969 11:20 A. <sub>M.</sub>
818 N. Montford Avenue	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
	Maryland // /
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO [
Days   Hours   Min.	E. STREET AND NUMBER
3 29   5   78   1   78   1   1   1   1   1   1   1   1   1	818 N. Montford Avenue
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME ANTON MARES, SR.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even il retired)	JOSEPHIDE MLDAY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Mr. Levy Weelger - 7006 A. Monington Pol
19. CAUSE OF DEA	TH APPROXIMATA INTERVAL
DISEASE OF COMPINION PROPERTY Arteriosci	lerotic cardiovascular disease
LEADING TO DEATH	
(A)IMMEDIATE C  (This does not meen the mode of dying, e.g., heart loilure, osthenia, etc. it meens the disease,	AUSE AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (p)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or about 22C. WHERE DID (II in Boltimore City, give exact location)
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Monih) (Doy) (Year) (Hour) 22E.!NJURY OCCURRED WHILE AT NOT	22F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE ORK
23.  I certify that I held on Inquiry Inspection Au	topsy ond that an this basis, death in my opinion
resulted from: Notural couses Accident Sulcid	
Justine Holling Holling Consess A Sections	CHIEF MEDICAL EXAMINER
ACTUAL LUND	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D	
NAME (Type)	- Ouly 25, 2707
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
BURIAL 7-28-69 BALTIMOR	E CEM BALTO, MA.
25A. DATE REC'D BY HEALTH DEPT. 259 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 28 1969 Jaben & Jaken 120	Startlemalle - 2334 Veddy Am St.
VS 151-REV. 1/T/68	The American



SIGNATURE WAS ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 7/26/69

ASSOCIATE MEDICAL EXAMINER Examiner 7/26/69

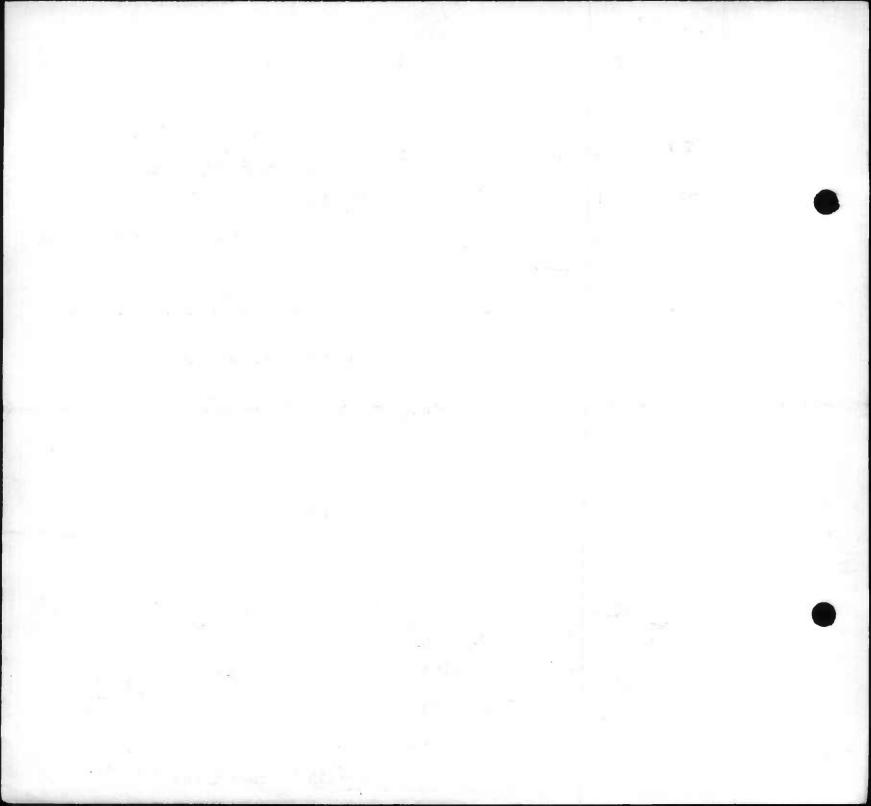
Deputy Chief Medical Examiner 7/26/69

Deputy Chi

4-1-11 The state of the s ARE THE THE THE PARTY PARTY TANK THE TOTAL TO MINE THE TANK STATES THE PROPERTY CAME STATES AND SAME

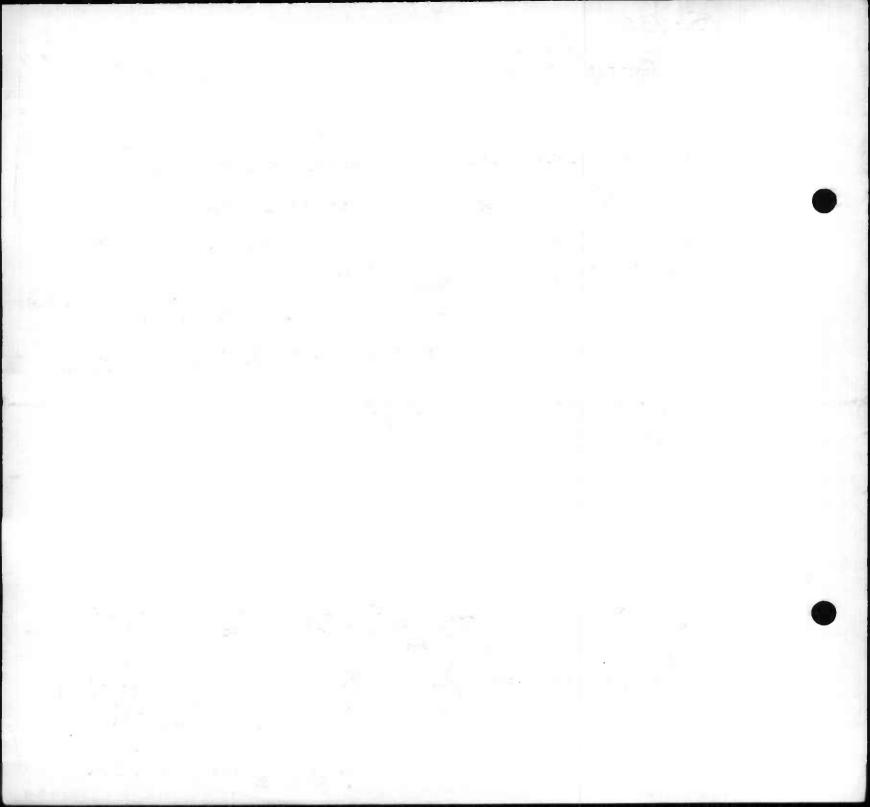
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	N-163	7.70		BALTIMORE CITY	HEALTH DEPARTMENT		69 7521
	RTH NO.	00	7521	CERTIFICA	TE OF DEATH	REG. NO	1072
	NAME OF DECEAS	MHOT	MALA	NEUBER	2. DATE	AND HOUR OF DEATH	1100 -
3.	PLACE IN BALTIM	DRE MARYLAND, V	WHERE PRONOUS		4. USUAL RESIDENCE (W	hero docoased lived. Il in	stitution: residence before admission)
F	ULL NAME OF	OF NOT IN HOSPIT	TAL OR INSTITUT	NON. GIVE STREET	A. STATE B. COL	JNTY /	2731
11.5	OSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
4/	DNIBA	MEMO	RIAI	MACRITAL	E. STREET AND NUMBER	5/2	YES NO NO
6	SEX.  6. R				3500 CA	RDENAS AL	E
	M	ACE W	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH / 10	9. AOE (in years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
do	A. USUAL OCCUPATION of working	TON (Give kind of wor ng life, even if retired)			11. BIRPHPLACE Stole or to	roign country!	12. CITIZEN OF WHAT COUNTRY?
	Seafood I	ealer	Own Bu	siness	19 00	altimore	AMERICAN.
		Frank N			14. MOTHER'S MAIDEN N	Ida Rub	ру
15. (Ye	Was Deceased Ever	in U. S. Armed For	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	Neubert	ADDRESS
	no		213	05-7609	Imelda Gros	S NEUMBERKY,	,wife,above
	DISEASE O	R CONDITION DI	RECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEA	DING TO DEATH		(A) IMMEDIATE CAU	se Broughou	monia	·
	heart failure, asth	nean the mode of enia, etc. It means plian which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	<del></del>	
		CEDENT CAUSES		· TO1/14	inal oads	Printate	
	DISEASES OR C	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	() 40 1/9°C QC	***************************************
	UNDERLYING CO	ONDITION last.	siding ine	(c)		******************************	
Nz	OTHER SIGNIFICAN	II IT CONDITIONS CO	NTRIBUTING				
ATIC	TO THE DEATH BU	T NOT RELATED TO T ITION GIVEN IN PAR	HE TERMINAL	****************			***************************************
ERTIFICATION	19A DATE OF OPE	RATION 198 CON WAS PER	FORMED	ICH OPERATION	20A AUTOPSY? (Yes or h	10) 20 R IF YES WERE F	INDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT W	AS UNDERLYINO CAUSE OF		ACE OF INJURY (e.g., in form, factory, street, all	ar obout 21 C. WHERE DID	(il in Boltimare	City, give exect location)
MEDI	21 D. TIME (Ma	nthi (Doy) (Yeori		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
~	(APPROX)		While	At Work			/
	22. I certify that	(this hospital	) attended the		1/21	19 67 to 1/	2/ 19.67
		sow the deceose		7/2/67			lan deoth accurred on the date
	23A. SIGNATURE	in the choses side	led dbdve. (i)		ew the body ofter death.	•	23R DATE SIGNED
		WIT	lyux	M.D. Atter	ding Med.	Staff Phys.	4/21/69
	NAME (Typel	luie P	INTAN		3D. ADDRESS	1	AT OTTAL
24/	A. BURIAL CREMATE REMOVAL (Specif	ON, 24B. DATE	24C. NAM	LE OF CEMETERY OF CRE	WATORY 24D.	LOCATION (City	105011HC. (Stote)
	Burial	7/25/	69 HA	ly Redeeme		Baltimore	, Md.
25	A. DATE REC'D BY I	1969 EN 1260	23BUNAME OF	REGISTRAIN	25C. FUNERAL DIRECTO SCH LINUNER 7 3331 B	Funeral Ho	ome, Inc.
VS	150-REV. 1/1/68			7 11	11 1 300 E	nehms Lane	

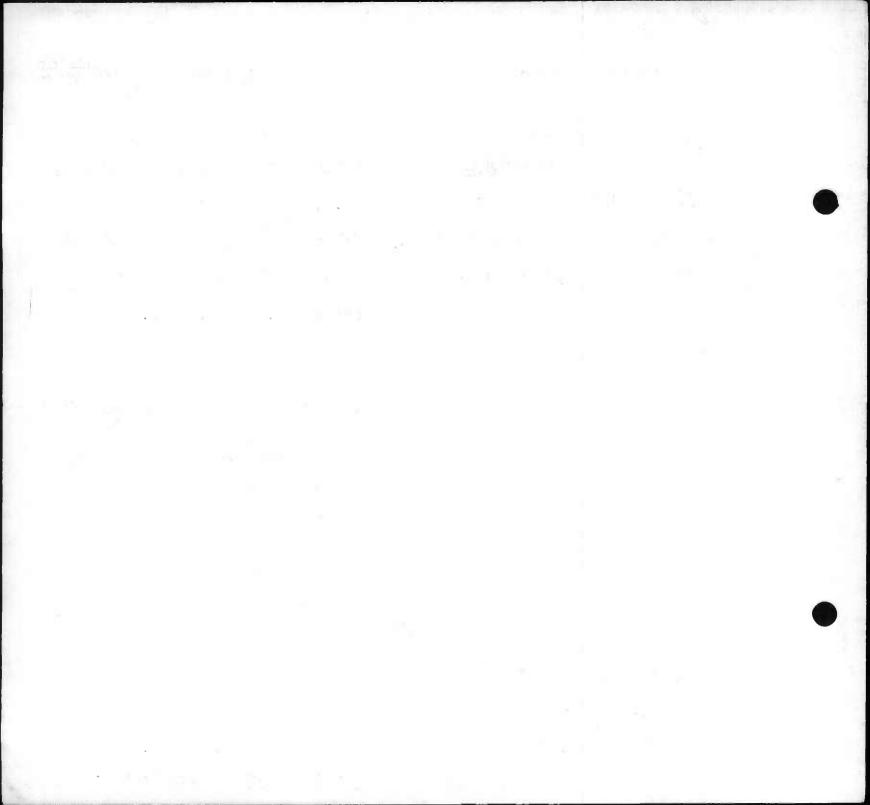


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-432 69 7522 CERTIFICATE OF DEATH REG. NO. 69 7522
BIRTH NO.  1. NAME OF DECEASED WILLIAM
1. NAME OF DECEASED WITHAM (Type or Print) George W. Schlitzer 2. Date and Hour of Death 2. Date and Hour of Death 2. Date and Hour of Death 3.15 Am 7/27/69
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, 11 institution: residence before odmission as STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland 703
INSTITUTION D. INSIDE CITY LIMITS?
The Tohns Honkins Hospital E. STREET AND NUMBER
808 N. Bradford Street
WIDOWED DIVORCED S-17-92 Withdey Ors Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTY  13. BIRTHPLACE (Stote or foreign country)
Rotical Engineer Flynn & Emrich Co Baltimore, Md. USA
14. MOTHER'S MAIDEN NAME Henry Schlitzer Mary Miller
(Yos, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
215-10-1021A Henry J. Schlitzer, son,  CAUSE OF DEATH  APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
(A) MEDIATE CAUSE TO A VEND COLOR LEVEL 18 has 18 h
hoort failure, asthenia, etc. Il means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
nise to the above cause (Al stating the UNDERLYING CONDITION lost. (C)
z
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  I TO THE DEATH BUT NOT RELATED TO THE TERMINAL  O DISEASE OR CONDITION GIVEN IN PART 1 (a),
U 19A DATE OF OPERATION 19R CONDITION FOR WILLIAM OPERATION
I NO
OR CONTRIBUTING CAUSE OF home, form, foctory, street office bidg. INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURT OCCURRED 21F. HOW DID INJURT OCCUR?  While At Not While I
Work At Work
22. I certify that (this hospital) attended the deceased fram. Two. 21 19 64 ta 7 ale 22 19 69 that (we) last saw the deceased alive an Sul 22 17 69 and that in (are) (our) apinion death accurred on the deceased.
and haur and from the causes stated above. (We) (did) (did ot) view the body after death.
23A. SIDNATURE 23B. DATE SIGNED
Soven Levas John Millorger Attending Med. Stoff Phys. Director Phys. 722 9
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
Locan George Lipson, MD, DEGREE Johns Hopkins Hospital  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERT OF CREMATORY 24D. LOCATION (City, DWIL, OF COUNTY) (Stote)
REMOVAL (Specify)  Burial  7/25/69 Moreland Memorial Park  Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISSRAR 25C. FUNERAL DIRECTOR - ADDRESS
VS 150-REV. 1/1/68



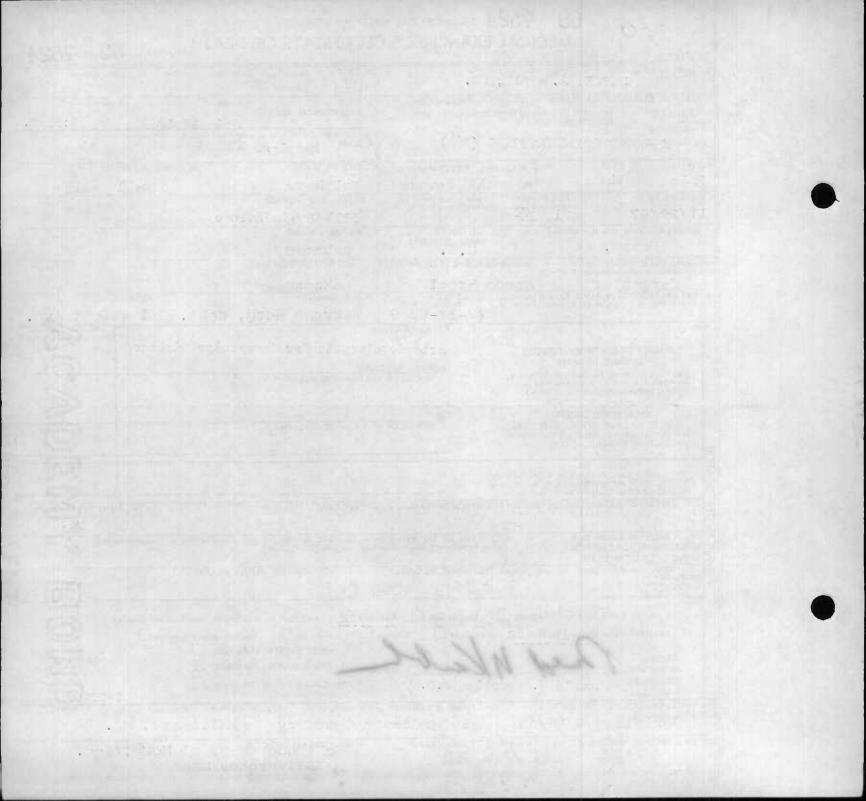
1	P-100 BALTIMORE CITY HEALTH DEPARTMENT 69 7523
and sed the och	BIRTH NO. 69 7523 CERTIFICATE OF DEATH REG. NO.
- 0 0 E	(Type or Print) 2. DATE AND HOUR OF DEATH
of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decessed lived. If inclination, residence before division)
SS (2)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  A. STATE B. COUNTY  2735
a ho se; (5 se; to anda	INSTITUTION D. INSIDE CITY LIMITS?
ed in a ting cause; a attend	UNIVERSITY OF MD.   ISALTO-MD. YES NO   E. STREET AND NUMBER
- 30 5 7	5. SEX 6. RACE 17. MARRIED TAINING TO SEX 16. RACE 18. DATE OF SINY 16. DATE OF SINY 16. RACE 18. DATE OF SINY 16. DATE
rmin egul	WIDOWED DIVORCED BOTH 19. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
col col etel n re	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
or or de de	Seams the far Earlander & Co. MARYLAND. U-SA.
if d (4) U wa the spos	DANIEL GILBERT. 14. MOTHER'S MAIDEN NAME TENNIE TAYLOR
stant ind; ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT
the the kin de nce	SECURITY NO.  Beventy A. Hohman, dght. above
s as any ced nda	18. 412 4 1 CAUSE OF DEATH APPROXIMATE INTERVAL
lso of of of of of of of of	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH
F . D O F D	(This does not meon the mode of dying, e.g., heort foilure, asthenio, etc. It means the disease.
iner ract pr	heori failure, asthenio, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DUE TO, OR AS A CONSEQUENCE OF:  A TLUCTUME  A
A fr	DISEASES OR CONDITIONS, if any, giving  (B) CONSETIVE CARDILAE FAILURE 48HDS.  DUE TO, OR AS A CONSEQUENCE OF:
alex (3) an an ns a	underlying condition last. (c) Antenjoseethore Cardiovasuuan
lical lical rns; sicic was	
med bor bhys an v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Periphual vacular disease  OF CONDITION GIVEN IN PART 1 (A).
a nody ody	U 19A. DATE OF OPPRATION 19R. CONDITION FOR WHICH OPPRATION
he chief I by a r (2) Body re the physici fore the	U 27A. ACCIDENT WAS UNDERLYING TO DAY OF THE PROPERTY OF THE P
y the ital be; (2)	DEATH (nonly medical examines)   etc.)
ospiospiospiospiospiospiospiospiospiospi	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
y ng ccep nd (	(APPROX.) Work At Work
e da	22. 1 certify that (1) (this hospital) attended the deceased fram July 14 1969 to July 23 1969 that (1) (we) last sow the deceased alive an July 22 19/19 and that in my) (aux) applied death accurate a tribute
	that (1) (we) last sow the deceased alive an
dent dent dent deat must	23A. SIGNATURA
	Attending   Med. Staff   7/23/69
certificate n body was re vs. (1) An ac b.O.A. at a ased prior t ten approva	23C. PHYSICIAN'S NAME (Type) 1-S. RANGANATH 200 CONNERSITY OF MO- HTEP-LRALTU-MD
A Day	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
This certificate make body was related shows: (1) An accivate was D.O.A. at a faceased prior to written approval	Burial 7/28/69 Oak Lawn Cemetery Baltimore, Md.
This certif the body shows: (1) was D.O.A deceased written ap	JUL 28 1969 Pole & E. Rabe, 20 1 256, NAME OF REGISTRAR 256, FUNERAL DIRECTOR SCHIMUNER FUNERAL HOME, INC. 8331 Brehms Lane
	JUL 28 1969 Roberts E. Rachen Real On 18331 Brehms Lane



### H-530 7524 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF D	MEDICAL	EXAMINEK 2	CEKTIFIC	LAIL		DEATH
-------------------------------------	---------	------------	----------	------	--	-------

BIRTH NO.	AMINER'S CERTII	ICATE OF	DEATH REG. NO	7524
I. NAME OF DECEASED (Type or Print) GEORGE J. HAND, S	SR . 2. DATE OF DEATH	Known   Estimated	Month Day	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON FULL NAME OF HOSPITAL OR INSTITUTION  UNION MEMORIAL HOSPITAL	OUNCED DEAD  3. DATE PROM  5. USUA	OUNCED DEAD	Manth Day  .111 22.1969 deceased lived. If institution: 21203. COUNTY	Year Haur 12:55 P M. residence befare admission)
		OR TOWN	D. INSIDE CIT	26094 Y LIMITS?
Male White WIDOWED		timore		s 🛛 No 🗆
9. DATE OF BIRTH 11/26/97 10. AGE (In years   11 U   10. AGE (In years   11	nder 1 Yr. If Under 24 Hrs. E. STREE ths: Doys Hours Min.	AND NUMBER  9 Wright Av		
Penna .	CITIZEN OF I3. FATH WHAT COUNTRY?	er's NAME		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF dane during most of working life, even if retired)  Carpenter Armoo		her's maiden nam nknown	iÉ	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar dates of service)	17. SOCIAL SECURITY NO.	RMANT		Wright Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenio, etc., it means the disease, injury or complication which coused de oth.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONS  (B) DUE TO, OR AS A CONS  (C)	EQUENCE OF:	SCUIAL DISEAS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	4			
.1%/	WHICH OPERATION WAS PERFOR	MED		21. AUTOPSY? (Yes or No) yes
UTING CAUSE OF DEATH.  ZOD. TIME (Monih) (Doy) (Year) (Haur) 20 (APPROX.)	PLACE OF INJURY (e.g., in ar obout, farm, factory, street, affice bldg., etc.)  PLACE OF INJURY OCCURRED  WORK NOT WHILE AT WORK	22C. WHERE DID (II INJURY OCCUR?		location)
23.  I certify that I held on Inquiry  resulted from: Natural couses KX A:  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A, BURIAL CREMATION. 124B, DATE	Inspection Autopsy & Cocident Suicide M.D. AS	CHIEF MEDICAL EX SISTANT MEDICAL EX OCIATE MEDICAL EX	AMINER EX	DATE SIGNED 7/23/69
Burial 7/26/69	Holy Redeemer Co	metery	Baltimore,	Md.
JUL 28 1969 Robert E. Faibe		chimunek 3231, Bre	Funeral Holl hms Lane	e, Inc.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11-2	45 00	HEAD		HEALTH DEPARTMENT		69	7525
BIRTH NO.	03	7525	CERTIFICA	TE OF DEATH	REG. NO		1020
1. NAME OF DEC				2. DATE AN	D HOUR OF DEATH		
	HUSSELI	YAN. S	HIRLEY HAY	UMR'D July.		0	4
	TIMORE MARTLAND, W	HERE PRONO	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	estitution; resid	ence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMIT	57
44 UNIC	N MEMORIA	4L Hos	SPITAL	BALTIM ORE E. STREET AND NUMBER	4	YES P	ио 🗌
5. SEX	6. RACE	19		306 NORTH	AVENUE		
MALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	ost birthdoy	If Under 1 Manthsi Da	Ys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (Stote or fareig	36	DO CITATION	
dane during most of	working life, even it feliled)	PERSO	WINGL TUPPLU	VIRGINIA (R			S. A.
13. FATHER'S NA	ME		orrey	14. MOTHER'S MAIDEN NAM		U.	3. 77.
MAKNO	WN THOMAS	G. Miz	DE1 21017	UNKNOWN C		6.000	. 7
15. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			
ITes, no ar unknawn	(If yes, give wor or date	s of service	SECURITY NO.	B.T. MUSSELM	16081	AF CHED	DRESS AUE. N.C.
18.	AL 5/		CAUSE OF DEATH	10.7.14000 00,771	- KUAR	MAKE,	PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIR	ECTLY				BETV	VEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE acute renal.	failure		
(This does n	ashenia, etc. 11 means	dying, e.g.,	/ /	CONSEQUENCE OF:	<u>U</u>		
injuty at com	plication which coused	death.)					
	ANTECEDENT CAUSES		T			- 1	
DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
nse in the	abave cause (A) CONDITION lost.	stating the					(= 11)
ONDEREING	CONDITION IOSI,		(c)	***************************************			D'H.
TO THE DEAT	ICANT CONDITIONS CON H BUT NOT RELATED TO TH	E TERMINAL					
	OPERATION 198 CONT	1 (A)		************************			******
July 19	10/0 WAS PERF	DEMED	11 1 4	20A. AUTOPSY? (Yes or No)	20E IP YES WERE F	INDINGS COL	N SIDERED
21A. ACCIDEN	T WAS HAIDERINGS	block 6	tace of injury log in	on about 21 C. MULTING TO LO			
DEATH Inchity	TING CAUSE OF	home	e, form, foctory, street, offi	ce pidg. INJURY OCCUR?	(If In Baltimore	City, give exc	oct lacation)
2	(Manth) (Day) (Year)						
S los maoks	(Manin (Day) (Tean		INJURY OCCURRED Not While	21F. HOW DID INJU	RY OCCUR?		
(APPROX.)		Wail	k 📙 Al Work				
22. I certify	that (1) (this hospital)	attended th	e deceased from	Uh 19 19	69 to Jul	v 24/1	19 69
that (1) (we)	last saw the deceased	allve an	July 24 Th'				curred on the date
and hour and	from the causes state	d obove. (I)	(We) (did) (did not) vi	ew the body after death.	in (m) (out) opin	ton deam of	corred on the date
23A. SIGNATUR	RE /		<u></u>	ow the body difer death.		238, DATE SIG	MIED
1	/ Cale	. //	M.D. Alten		off D		24th 1969
23C. PHYSICIAN			DEGREE Phys.	D. ADDRESS	175.	1 way	-TM 1/0/
NAME (Ty	CABRERI	A Tues				,	4.5
4A. BURIAL CREA			DEGREE	THE UNIO			
REMOVALIS	pecify)		ME of CEMETERY OF CREA		,,	town, or cou	inty) (Stote)
BURING/R			9MILY LOCA:	214	queville,	VA.	
SA. DATE REC'D	1000 0 1	SB. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTOR	B. 1. /	FOR A	DDRESS
92.111		Nauber	M.D.9 () ()	UNERTHE HIS	DADO, 149 (	PAKEV.	ROALTHE UA
S 150-REV. 1/1/6	8		- PARIS				

EMBLYSSIS

BALTIMORE

306 HURRY AVENUE

62-82-10

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INTEREST DECIDENCE WORKS

BILLE WHITE

CARRERA TURN M. M.D. THE UNION MEMORIAL TOTAL

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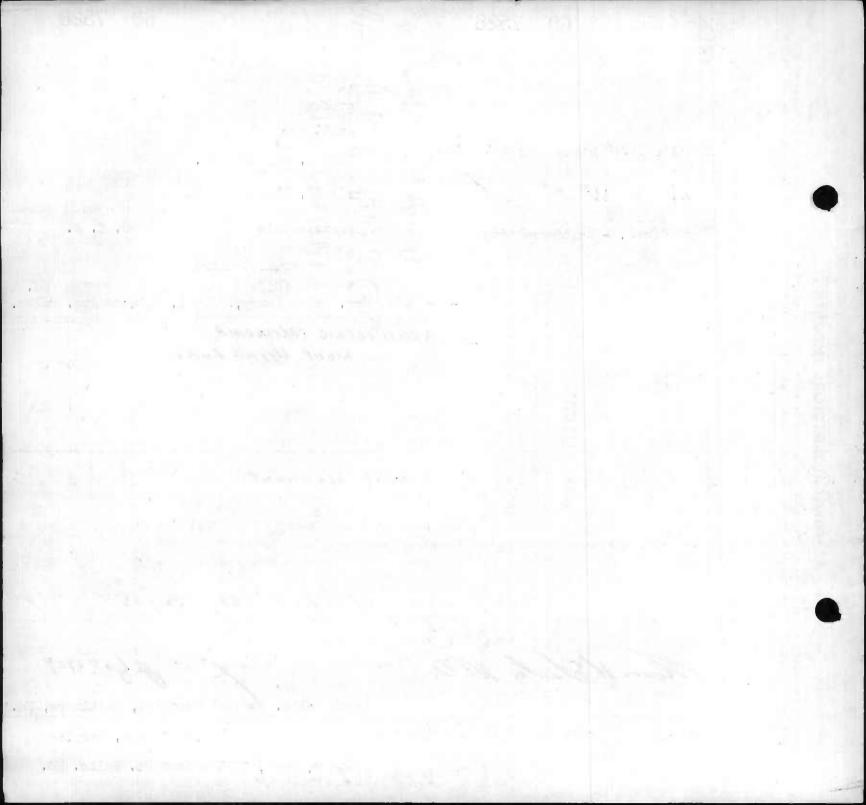
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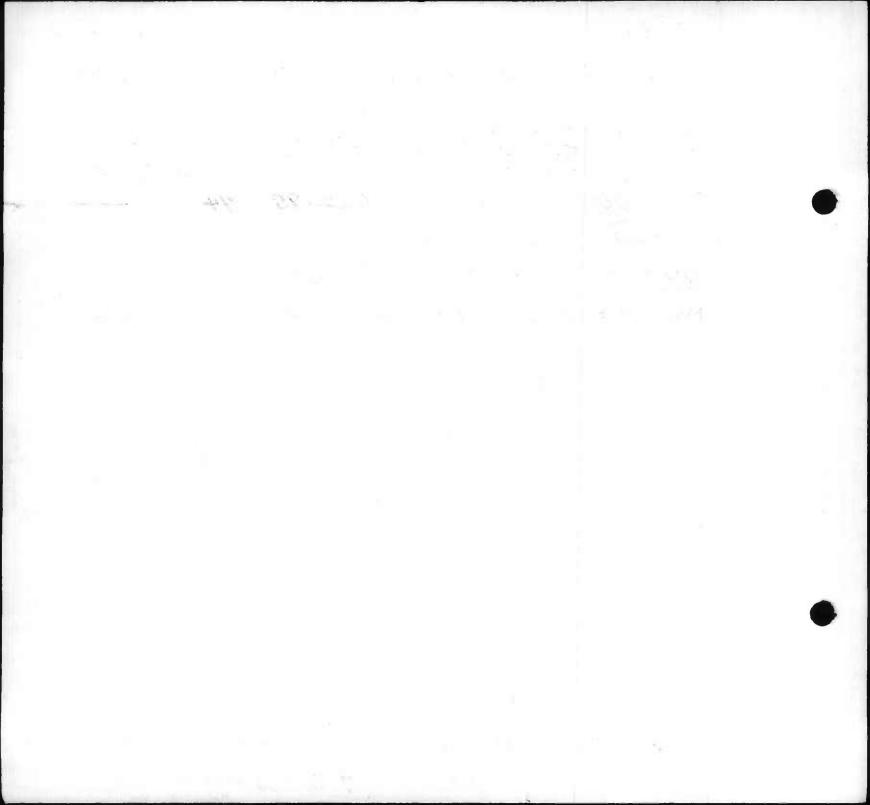
T0 0 T	1-100	CATE OF DEATH REG. NO. 69 7526			
of deat Decease e on the	1. NAME OF DECEASED LOWRY, CHARLES.	2. DATE AND HOUR OF DEATH July 23, 1969 2:20 P.			
se of (5) Dec ance death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE 8. COUNTY  Maryland			
cau cau	INSTITUTION	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES X NO			
uting ed cau ar att prior de.	South Baltimore Ben Nospital	1019 S. Ellwood Ave.			
occur ontrib regul	S. SEX  6. RACE  7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUST	April 29, 1899   lost birthday 70   Months Doys Hours Min.			
or co Indete s in dece	dono during most of working life, even if relired)  Water Dept Baltimore City	Pennsylvania U. S. A.			
medical examiner or his assistant if dedical examiner. Also, if the direct burns; (3) A fracture of any kind; (4) Uhysician who pronounced death wan was in regular attendance on the remains are embalmed or final dispos	13. FATHER'S NAME Hugh Lowry	Margaret Clark			
	TS. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sorvico) NO 217-01-7367A	Mrs. Helen Lowry, 1019 S. Ellwood Ave. Balto			
	LEADING TO DEATH  (This does not meen the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  (8)  DUE TO, OR (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE RIGHT UPPER LUNG  AS A CONSEQUENCE OF:  SIDE SIGNIFICANT			
by a m by a m 2) Body re the p physicia	DISEASE OR CONDITION GIVEN IN PART 1 (A).  198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	No 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
ital by e; (2) rhere No ph befor	U 21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF home, farm, foctory, street, etc.)	g., in or about 21 C. WHERE DID (If in SaltImore City, give exact location) office bldg., INJURY OCCUR?			
hospi nature ept w d (6) I	21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not Work Not Work	21F. HOW DID INJURY OCCUR?  White			
vas released to the An accident of any of the An accident of any of the Ar at a hospital (exception to death); and proval must be obte		19 6 9 ond that In my (our) opinion death accurred on the do			
sertifoody sections. (1) D.O. (1) ased	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF COMMENTAL COMPLEX PROPERTY OF COMPLEX PROPERTY OF CREMETERY OF C	CREMATORY 24D. LOCATION (City, town, or county) (Stoto)  Baltimore, Maryland			
This certhe bod shows: was D.( decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 150-REV. 1/1/68	John J. Duda, 2829 Hudson St. Balto. Md.			
	VS 150-REV. 1/1/68				



BIR	U-5/6 69	7527	7. CERTIFICA			REG. NO.	ь	752
1. N	AME OF DECEASED	C	mage!			HOUR OF DEA		620
FUI	LL NAME OF (IF NOT IN HOSP SPITAL OR ADDRESS OR LO	0 .,	UNCED DEAD	4. USUAL RES	B. COUNT	deceased lived.		120
INS	PLEASANT MANOR NURS			BALTI E. STREET AND	MORE	D. 1	YES T	NO [
S. S	EX  6. RACE	17	774	8. DATE OF BIR	) Lab	AGT (In years	II Under 1	Yr. II U
	MALE WHITE	WIDOWED		8-30-18	94	ost bir hday!	Months D	oys Hours
done	USUAL OCCUPATION (Give kind of we during most of working life, even it retired MANUFACTURING			BALTIMO	RE, MAR	LAND	u.s.	A.
	FATHER'S NAME ELIAS WEINBERG			14. MOTHER'S YETT		?		
(Yes	Was Deceased Ever in U. S. Armed F , no ar unknown) (II yes, give war ar de	Forces? oles of service)	16. SOCIAL SECURITY NO.	17. INFORMAN		PEDO 401		DDRESS
	NO IB.		212-10-8854 CAUSE OF DEA		IN WEIN	BERG, 421		AL KUA
TIFICATION		CONTRIBUTING O THE TERMINAL PART 1 (A).	(C)	20A. AUTOP	SY?(Yes ar Na)	208. IF YES, WE	ERE FINDINGS C CAUSES OF DE	ONSIDERED
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B hon etc.	R. PLACE OF INJURY (e.g., ne, form, foctory, street, .)	in or obout 21C. V alfice bldg., INJUR	VHERE DID	(If in Bolti	imore City, give e	exoct locotion
MEDIO	21D. TIME (Month) (Day) (Year (APPROX.)		ile At Not Wh	ile 🗂	OW DID INJU	JRY OCCUR?		
	22. I certify that (1) this hospit tha (1) (we) last saw the decea and how and from the couses s	ised allve an	7-19	9-1969		(O to our)		
1	MAKENVORMONIC	111		tending !	Med.	Staff	/_	.77 ~
1	TOGGLERYS 23C. PHYSICIAN'S JOSEPH DECKE	LUD	1, H. D. GEGREE	23D. ADDRESS 3802 G	UCS TX	ostels	Auo. 18.	22- HUTO,
24A	Mordialecun	69 (ARI	aegree Ph	23D. ADDRESS 3502 G	Director L	Staff Phys.   OCATION  TIMORE, M	AUD. B. (City, town, or	Hero,

Mary Charles and the Control of the FREHERE HERRETTE CHERMONIA CF THERMY LARGINGENG CHECHICH IT. 3 TRACES OF 7-22-69 BEDZ LOTER KAGERES AND. BALLO, IL SING I Sussem DEERERAMIN, M.D. the state of the state of the state of the

1	5-35/ BALTIMORE CITY HEALTH DEPARTMENT 69 7528
5 e d	69 7528 CERTIFICATE OF DEATH REG. NO. 69 7528
the Such	NAME OF DECEASED  2. DATE AND HOUR OF DEATH
(5) Deceased ance on the death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14 USUAL RESIDENCE Where the coard in the light in the
O Co	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)
to to	CHURCH HOME + HOSPITAL BALTO. D. INSIDE CITY LIMITS?
attend rior to	BROADWAY + FAYE++E St. E. STREET AND NUMBER
-	BALTO MARUIAND 235 J. DUNCAN ST.
regular regular sased p is made	6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years Months Doys Hours Min. Months Doys Hours Min.
n re	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ē ē ē	CHARWOMAN CITY OF BALTO. MD. AMERICA
O o o o	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
<u>: ی</u>	JOSEPH CHICHY JULIA
kind; death ce on nal di	5. Wes Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT 4742 FLISON AVE
3.0 0.5	No. 24408-12. 214-18-2390 JAMES T. KELLY 27206
any ced ndar	18. 44 0 1 1 CAUSE OF DEATH
00 2	LEADING TO DEATH  Cardiocirculatory only
att att	(This does not meen the made of dying, e.g.,
pron pron ular a mbain	heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)
ho e e	ANTECEDENT CAUSES  Arthurschic Vascular disease.
43 - 5	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
N H I S	UNDERLYING CONDITION last. (c) Chr. lynghoey his leuteenia
physicic physicic an was remair	
	Other significant conditions contributing To the Death But with to the terminal Old Frank of ampical webs furnished
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT ALOS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
bod the hysic re th	THE CERTIFIED CAUSES OF DEATH?
0 - 0	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
d 0 0	(APPROX.) While At Work At Work
any natu (except ; and (6)	22. I certify that (I) (this hospital) attended the deceosed from 1/24 19 69 to 1/26 19 69
0	that (I) (we) lost sow the deceased alive on
spital spital leath) ust be	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
hospital o death) I must b	23A. SIGNATURE  C. Chouvalit., Mb.  Attending Med. Stoff 7 1/26/69.
U 7 T 0	Director - First, -
shows: (1) An ac was D.O.A. at a deceased prior written approve	230. ADDRESS C. CHOWALIT  CHURCH HOME & HOSPITAL, BALTO, M
E O E	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) [Stote]
WS: D. D.	Burial 7-29-69 St. Stanislans Cem Ballimore, Md. 21224
N ds	JUL 28 1969 Pased E. Jase, M.D. 256, FUNERAL DIRECTOR WM. FIALROWS ADDRESS
	JUL & 0 1909 1666 E. Pariser, M.D. 9 5 8 2007 EASTERN AVE. 5 150-REV. 1/1/68  BALTO. 81 MD.
	DALTO, XI MD



	BALTIMORE CITY HEALTH DEPARTMENT	MEGO
	1-236 69 7529 CERTIFICATE OF DEATH REG. NO. 89	7529
Тур	AME OF DECEASED  2. DATE AND HOUR OF DEATH  7/22/69  PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: re	4.30 M.
FU I	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  4940 Eastern Ave., Balto., Md. 212 EAST POINT  VES.	5300
17	BALTIMORE CITY HOSPITAL E. STREET AND NUMBER 405-5, 52ND ST. 21224	140
F	EMALE CAUCASIAN WIDOWED DIVORCED 10/8/23 45	Tyr. If Under 24 Hrs. Days Haurs Min.
	HOUSEWIFE AT HOME. MARYLAND	C. S. A.
3.	FATHER'S NAME  WILLIAM HERPEL  14. MOTHER'S MAIDEN NAME  MARY HECKER	Balto.
S. V	Was Deceased Ever in U. S. Armed Foices? s, no or unknown) (If yes, give wor or dates of service)  NO  16. SOCIAL SECURITY NO. 17. INFORMANT Regards, BCH 4940 Easter 17. INFORMANT	APRES Md. 2122
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the diseose, injury or camplication which caused death.)	onset
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.  (B) CONCINO OR AS A CONSEQUENCE OF: (B)  DUE TO, OR AS A CONSEQUENCE OF: (C)	7eb 1968
TIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
AL CERT	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examinet) NO (If in Baltimare City, give)	e exoct location)
YE.	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR?  OF INJURY (APPROX.)  Not While At Work At Work	1
	22. I certify that (I) (this hespital) attended the deceased from 10 pm 7/>2 1969 ta 4 pm that (I) (we) lost sow the deceased olive on 40 pm 7/>2 1969 ond that in(my) (cor) apinion dea	7/22 1969 th accurred on the date
	and hour and fram the causes stated obave. (1) (We) (did not) view the bady after death.  23A. SIGNATURE  Attendary  Attendary  Phys.  Attendary  Phys.  Attendary  Phys.  Attendary  Phys.  Director Phys.	E SIGNED
	JAMES R. FONK M.D. DEGREE BALTIMORE CITY HOSPIT	o., Md. 21224
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, REMOVAL (Specify) 7-26-69 SACRED HEART CEM, 7401 GERMAN HILL)	RD. BA.Co., MC
	JUL 28 1969 Bes E. Janber, AD. O Charles S. Juler BALTO.	NREPRIS ST.
2	150-REV. 1/1/68	

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	9-2	55	60 1	7530	BALTIMORE CITY	HEALTH DEPARTMENT		69	7530
BI	RTH NO.		110	1000	CERTIFICA	TE OF DEATH	REG. NO.	110	7000
1.	NAME OF DECE	ASED		71561			ND HOUR OF DEATH		
	pe of Panti	ANC E-	) -	31E6N	MAN	η.	-16-69		4 30 pm
]] H	FRTI	UF NOT IN ADDRESS O	HOSPITAL OR	ME	DED 7-28-69	A. STATE  A. STATE  B. COU  OT SOME	Pa.	Stitution: resid	ence before admission)
16	USPHS	Hospi	TAL		or and.	Pittshwig		YES Y	NO 🗌
	WYMAN	PARKT			- CONTINUE	E. STREET AND NUMBER	endala St		
	FEMALE	Cancasi	AN WID	OWED	DIVORCED	3-27-42	9. AGE (In yours lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs. ys Hours Min.
t0/	A. USUAL OCCUI	PATION (Give king	d of work 10B, K	IND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign countryl	12. CITIZEN	OF WHAT COUNTRY?
	House			~		Pittale	in PA	US	A
13.	FATHER'S NAM	E ()				14. MOTHER'S MAIDEN NA			
	Jack	llaron	)			Libby Si.	naikiN		
(Ye	Wos Deceased Es, no or unknown) (UNK	ver in U.S. An If yes, give wor	nod Forces? or dolos of so	rvice)	GECURITY NO. 4-32-1050	17. INFORMANT		AD	DORESS
	18. 279	VI			CAUSE OF DEATH			I. A	PPROXIMATE INTERVAL
	DISEASE	OR CONDITI	ON DIRECTLY	1		11		BETV	VEEN ONSET AND DEATH
	(This does not	EADING TO D			(A) IMMEDIATE CAU		ic Medull	ary	
	heori failure, a	sihenio, etc. II	means the di	Sense	DUE TO, OR AS A	CONSEQUENCE OF:	totheli 05	सर	
	injury or comp	NTECEDENT C.		1		Cerranio	COL TOTAL COLOR		
	DISEASES OR				(8)	A CONSEQUENCE OF:	*****************************		
	rise to the	obove couse	(Al sloting	giving g the	DUE 10, OK AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION I	ost,		(c)				
ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI	BUT NOT RELATE	D TO THE TERM	UNAL	*****************				
ERTIFICATIO	19A-DATE OF C	PERATION 19	& CONDITION AS PERFORME	FOR WHICH	OPERATION	20A. AUTOPSY? (Yos or No	208. IF YES, WERE FI	INDINGS CO	NSIDERED TH?
CALC	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLY NG CAUSE Condicol exomined	YING []	218. PLAC home, for etc.)	E OF INJURY (e.g., in m, foctory, street, offi	or obout 21 C. WHERE DID co bldg., INJURY OCCUR?	(If In Boltimore	City, give exc	oct locotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	Monthl (Doy)	(Yearl (Hour	While At	RY OCCURRED Not While	21F. HOW DID INJ	URY OCCUR?		0
				Work	At Work	40	10		16th
	22. I certify that (I) (					20 19 10 9 and th	ot in(my) (sur) apth	lan death of	
	and hour and f	ram the cause	s stated abo	ve. (1) (We	(dld) (dld not) vl	ew the body after death.			
	23A. SIGNATURE	id 71.3	Huff	nan	MO Atten		Shoff Phys.	23B. DATE SIG	7/69 -
	23C. PHYSICIAN NAME (Type	S	- 00		OLONES	D. ADDRESS	rinys. —		, , ,
	David		tuff M.	AN N	1.D.	USPHS HOSP;	WYMAN PAR	ek De.	BALT. Md.
24A	REMOVAL (Spe	ATION, 24B, DA			CEMETERY OF CREA			, town, or cou	unty) (Stotel
25A	Buris	Y HEALTH DEPT	0-69 258, N	AME OF REG	ressett.	TAMELEYA.  125C. EUNERAD DIRECTOR	Pillsbu	- Ted-	enn
	JULRE	3 1969 J	obert E.			17/25 72	this face !!	/ 1/2)	DORESS AND
VC	150-REV 1/1/48					1. 1. 1	my nor!	Noy	LILLAM WU

hetter from U.S. P. H.S. Hypital 7-28/69 M. H.

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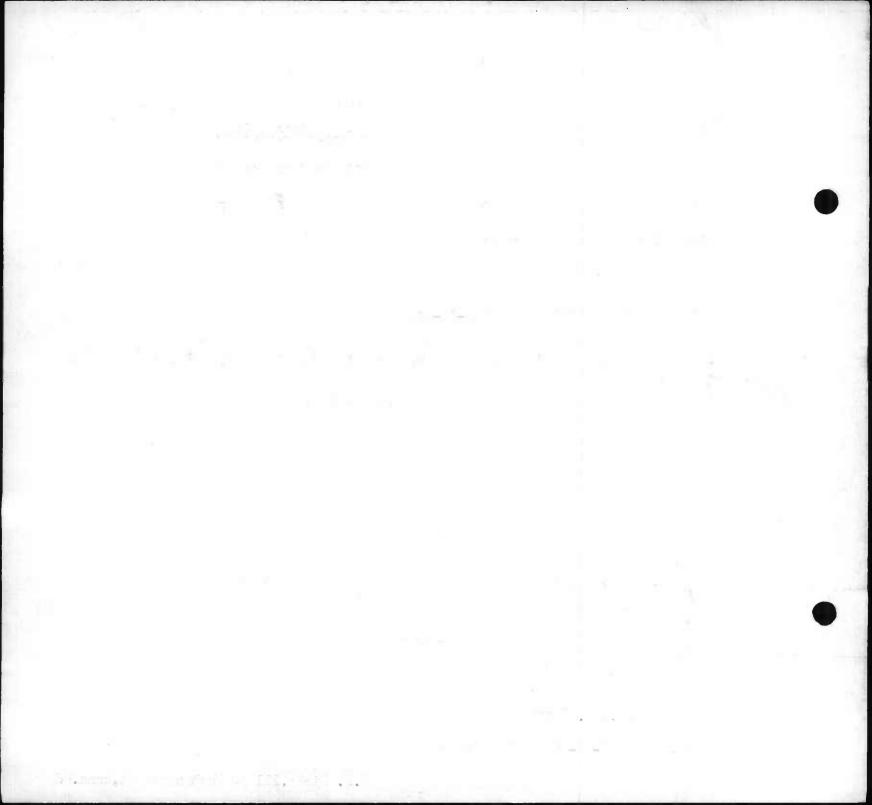
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO ERTIFICATE OF DEATH the a hospital and cause of death etermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no death. 4. USUAL RESIDENCE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS CITY OR TOWN 0 YES A NO Ľ prior STREET AND NUMBER contributing eswick death occurred disposition is made in regular os birthdoy 93 9. AGE (In years S. SEX B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased Months: Doys Hours WIDOWED X 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) or (4) Und Was 13. FATHER'S NAME 14. MOTHER'S the MAIDEN NAME direct assistant if 0 death kind: 15. Was Deceased Ever in U. S. Armed Forces ANDDRESS 16. SOCIAL or final (Yes, no or unknown) (If yes, give SECURITY NO. attendance 218-5 NC any 18. CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner examiner. gular injuly of complication which caused death.) ANTECEDENT CAUSES who 9 are DUE TO. OR AS DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the (3) = physician UNDERLYING CONDITION last. before the remains medical burns; Was II ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED (2) Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °N DEATH (notify medical examiner) etc.) nature; MEDIC obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY This certificate must be approved (except Not While While At (APPROX.) and Work At Work any 10 22. I certify that (1) (this hospital) attended the deceased from death); 6 ond that in (my) (our) opinion deoth occurred an the dote pe that (1) (we) last saw the deceased alive on of hospital ond hour ond from the couses stoted obove. (1) (We) (did) (did nat) view the body after death. the body was released must accident 23A. SIGNATURE 23B, DATE/SIGNED Attending Med. Staff 0 approval Director L 0 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) at was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased REMOVAL (Specify) written shows: E CHURCE CENIETE B. NAME OF REDISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D VS 150-REV. 1/1/68

BALFITONE V 700 W. 40 Th ST AW. MARYLAND ILS G. no as some Transpart & then the Kitt

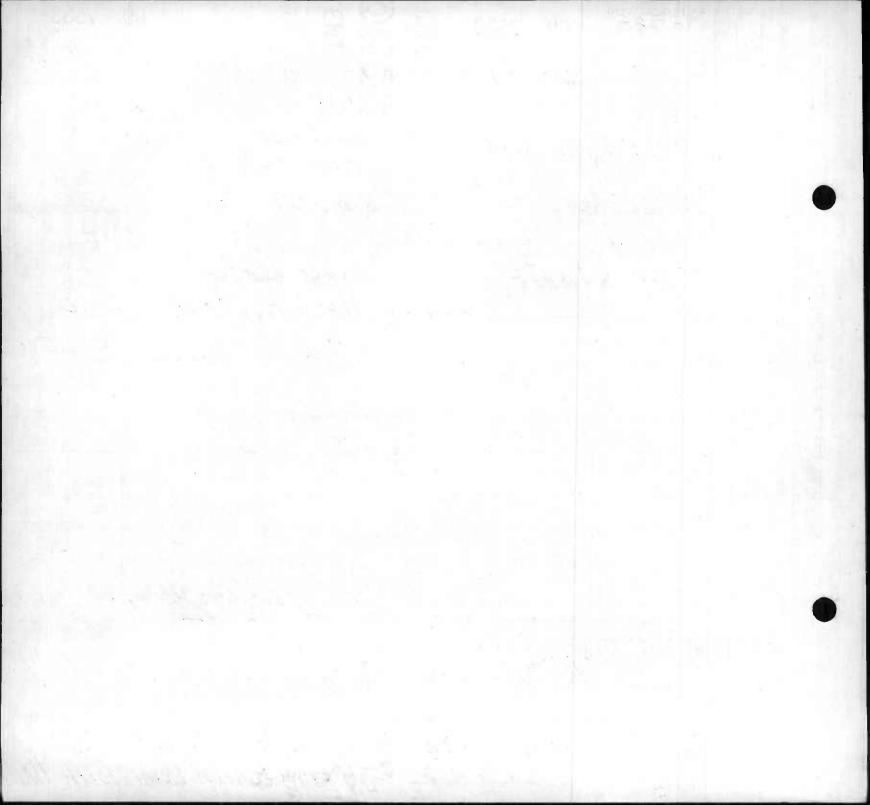
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	D.doi			BALTIMORE CITY	HEALTH DEPARTMENT	V	CO Here	0.0	
R	IRTH NO.	63	7532	CERTIFICA	TE OF DEATH	REG. NO	69 75	32	
1,	NAME OF DEC			Δ 1:		AND HOUR OF DEATH			
		Phillip I		Pulley		21-69	3:00	A	
3	L PLACE IN BAL	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived, If it	nstitution: residence befor	e odmission)	
)-  -	FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	M d.	AACO,	SIDE CITY LIMITS?	0	
	38	University	of Ma	1 Honot	c. CITY OR TOWN	**************************************	YES NO	٦	
			1 . 1	1111111	E. STREET AND NUMBER				
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10 de	A, USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHA		
	Custodia	n	Schoo	1	Md.		US.A	-	
113	FATHER'S NAN				14. MOTHER'S MAIDEN N	IAME			
		hillip Pull			Victoria	Flutione	2		
15	es, no or unknown)	Ever in U. S. Armed Ford Of yes, give wor or dote	ces? S of sorvice)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
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	Pistrasi	EADING TO DEATH	ECILI		e durin	Cyant acus	tym & hours		
	heori igilure, c	I mean the made of islhenia, etc. Il means	the disease	DUE TO, OR AS	CONSEQUENCE OF:	(Voset acing	Lud - 3 weed	2-7	
	ANTECEDENT CAUSES								
	DISEASES OF	CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	evenovisula U	bere		
	rise lo the	above cause (A) CONDITION last	slaling the	(c)					
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ATION	OTHER SIGNIFIC	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	E TERMINIAL	Arte	rius elevotic H	leart diseas	5 4		
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₹ 5	DEATH (notify t	nedical examined	home,	form, foctory, street, off	ico bidg., INJURY OCCUR?	pr in sommer	o cary, gave exact reconon	1	
MEDI	OF INJURY	Month) (Day) (Year)		NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
~	(APPROX.)		While	At Work	<u> </u>				
	22. I certify t	hat-(1) (this hospital)	attended the	deceased from	7-1-	19 69 10	7-21	19 69	
		ast saw the deceased			19 6 9 and	that In <del>(my)</del> (aur) apir			
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
				Atten	ding Med.	Stoff [7]	23B, DATE SIGNED		
	23C. PHYSICIAN NAME (Typ	Let R. Spild	my	M D DEGREE Phys.	Med. Director Director	Shaff Phys.	7-21-69		
			Thuma		University	of md	Hospital		
24/	REMOVAL (Sp.	ATION, 248, DATE	24C.NAN	DEGREE OF CEMETERY OF CREA	MATORY 24D.		y, town, or county)	(Stote)	
			Mt Ca			Anne	Arundel Co	Md	
25/	JUL 28	1969 Pale	E, Jaiber	REGISTRAR ACO	25C. FUNERAL DIRECTO	R	ADDRESS		
VS	150-REV. 1/1/68				IU.E. Hicks, I	11 30 Washing	gton St, Anna.	Ma	

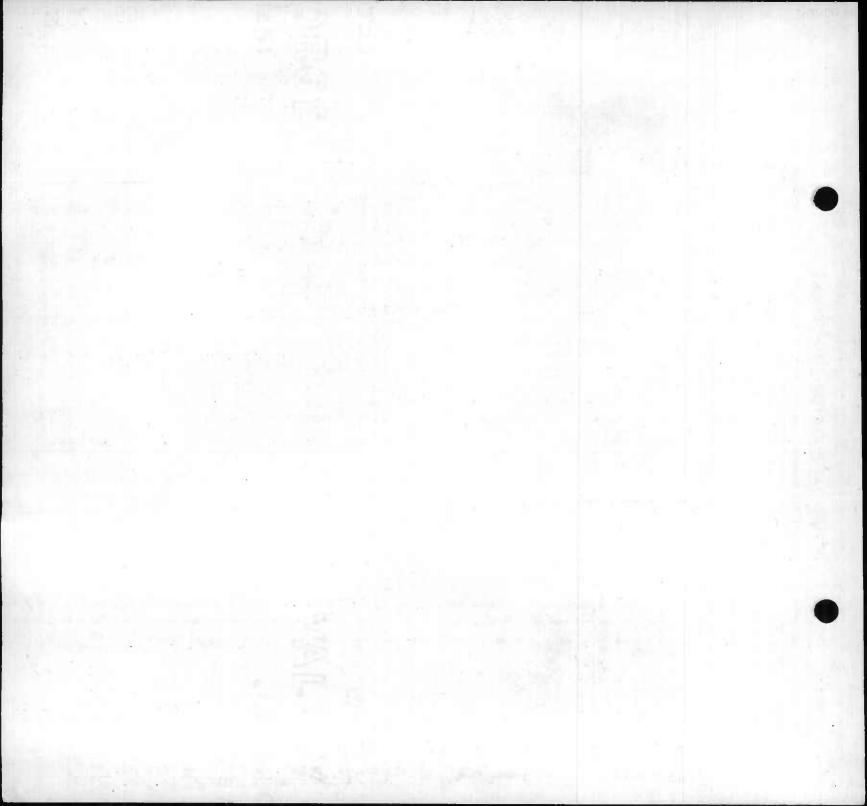


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	2 2/2		HEALTH DEPARTMENT	69	7533
	3-363 69 75	33 CERTIFICA	TE OF DEATH	REG. NO.	7300
	AME OF DECEASED FRANCIS S	Amuel Stie	etz July	24 1969	1300 P M
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	e deceased lived. If institution TY	residence befare odmissian)
	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MICI	Ź	714
INS	SPITAL OR ADDRESS OR LOCATION)		C. CHY OR JOWN	D. INSIDE CIT	_/ _
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5. S	6. RACE 7. MARRI	IED X NEVER MARRIED	8. DATE/OF BIRTH	P. AGE (In years If Unast birthdoy) Mont	nder 1 Yr. It Under 24 Hrs. hs Days Hours Min.
/	VIZIE CONTE WIDOW		July 6 1893	76	
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7	2 lesman She	01/01/0			USA
13.	FORMING CLIERT		14. MOTHER'S MAIDEN NAM	1-1	
15.	Nos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	-1281	ADDRESS
(Yes	ogrunknown) (If yes, give wor ar dotes of service)	2/50/0645	MARIE A	Stiertz	2 hove
	18.	CAUSE OF DEAT	H //		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11 Anolal	Daniel	13 Jours
	(This does not mean the made of dying,		A CONSEQUENCE OF:	Prumovo	00075
	heart failure, asthenia, etc. It means the disectiniury ar camplication which caused death.)	150,			
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	DISEASES OR CONDITIONS, if any, givenise to the abave cause (A) stating	ing DUE TO, OK AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	3-1	9	
z	- 11	. / //2	7 . 1		
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN		10 per Scul	des	
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at Nat	208. IF YES, WERE FINDIN	GS CONSIDERED
ERTIFIC	WAS PERFORMED				
-1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	frice bldg., INJURY OCCUR?	(If in Boltimare City,	give exoct location)
60	21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJI	URY OCCUR?	
2	(APPROX)	While At Not Whi	le d	(/ )	
	22. I certify that (I) (this hospital) attends		Laurey 2V1	969 10 XW	124 1969
	that (1) (we) last saw the deceased alive	on Kuly 2/4	1 10		eath occurred an the date
	and hour and from therepuses, stated above	All (We) (did) (did not)	view the bady after death.		
	23A. SIGNATURE			238, [	ATE SIGNED
	1 (ITTELY)	GEGREE Phy		Staff Phys.	-25-69
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
0.1		GEGREE			
244	BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION 2 (City tow	n, or county) (Stote)
10	WY121 1-26-69 )	Tounns (2/h	olic Cem Fly	ide In Ito, (	ADDRESS.
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7 4		00 /	UU OU	MIN	



	NO.				TE OF DEATH	ND HOUR OF DEA	TH	
уре с	or Print)	Alice Str	eb Hinke		July	24, 1969		8:00 P
. PLA	CE IN BALT	IMORE, MARYLAND,	WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (WILL A. STATE B. COU	ere deceased lived.	11 institution; resid	lence before odmissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryland, 21212 2 778			
HOSPI N STIT	TAL OR UTION				C. CITY OR TOWN  D. INSIDE CITY LIMITS?			
0	7	5500 Govan		22.0	Baltimore E. STREET AND NUMBER		YES X	№ □
		Baltimore,	Md. 212	212		A		
. SEX		6. RACE	7. MARRIED	NEVER MARRIED	5500 Govane	9. AGE (In years	If Under 1	Yr. , 11 Under 24 F
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		vorking life, even il retired)		04	D 74:		USA	
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	Pagal-	Ctuah	Posch		Catherine Fritsch			ch
5. Wo	Frank s Deceosed	Ever in U. S. Armed Fo	oices?	1 6. SOCIAL	17. INFORMANT	Fritch	Al	DDRESS
Yes, no	or unknown)	(fl yes, give wor or dot	tes of service)	SECURITY NO.				
No	4.10			217-14-6901 CAUSE OF DEAT	Rudolph E. Hir	ke (Husban	d) Same	APPROXIMATE INTERVA
ris	ISEASES O	ANTECEDENT CAUSE  OR CONDITIONS, if  above couse (A)  CONDITION last.	any, giving	(B) 1012 F2, OR AS	A CONSEQUENCE OF:	Markscule	K OKS	9r5
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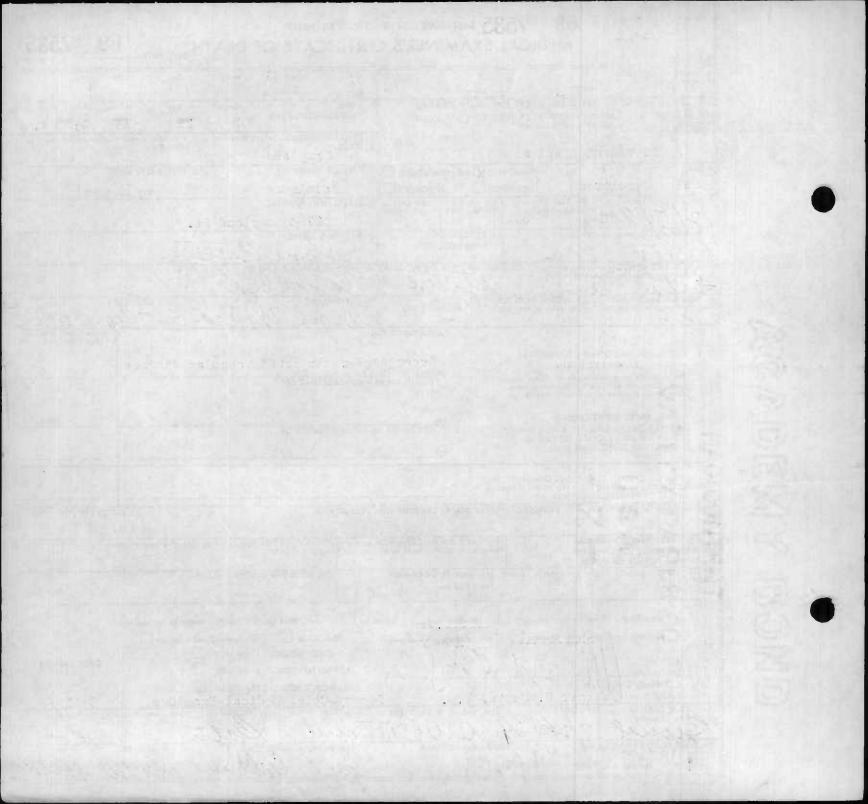


### W-362 69 7535 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

	1		
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

-	5	2	5
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MEDICAL EXAMINER'S	
I. NAME OF DECEASED	
(Type or Print)	2. DATE Known A Month Day Year Hour OF Estimated
Willie Waters  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted   Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 22 69 4:00 a. M
7 Provident Hospital	S. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission)  A. STATE  Maryland  B. COUNTY  1403
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male colored widowed Divorced	Baltimore YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years   ff Under 1 Yr. If Under 24 Hrs.   Months; Doys; Hours; Min.	
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Bagh ma WHAT COUNTRY?	John Waters
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' den during most of working lile even ill relified)	15. MOTHER'S MAIDEN NAME
Estal Clerk Secret	Canella
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	18. INFORMANT Thateas 527/11 m besto
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE COURT OF THE TOTAL OF THE	osclerotic cardiovascular disease cause as a consequence of:  AS A CONSEQUENCE OF:
1 UNDERLYING CONDITION LAST	
CC)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, lociory, street, office UTING CAUSE OF DEATH.	In or obout 22C, WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT	WHILE ORK
23.	tapsy and that an Ihls basis, death in my apinian
resulted fram: Natural causes X Accident Suicid	
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE EXAMINER'S M.D	ASSISTANT MEDICAL EXAMINER DATE SIGNED
1 /43	ASSOCIATE MEDICAL EXAMINER  Deputy Chief Medical Examiner 7/22/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR  JUL 28 1969 Jobert E. Jaber M.D.	25G FUNERAL DIRECTOR ADDRESS
BOTHO 1000 ABOOK of Justice Line	Jase Gilmore 182710, North



1		69 7536 BALTIMORE CITY HEALTH DEPARTMENT 69 7536
Dinet.	Ві	RTH NO. CERTIFICATE OF DEATH REG. NO.
tal and f death eceased on the h. Such	1.	NAME OF DECEASED  2. DATE AND HOUR OF DEATH
P. P	11	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where doceosed lived, if institutions residence before admission)
d o d e e	"	4. USUAL RESIDENCE (Where doceosed lived, If institution residence before odmission) A. STATE B. COUNTY
hos use dan de	]] H	JUL NAME OF
Caucation to	ll'in	THE JOHNS HOPKINS HOSPITAL II PALTIMORE I VIIII
ed in a horizing cause; (5) r attendan prior to de		BALTIMORE, MD 21205  E. STREET AND NUMBER
de de cre		934 N. CENTRAL AVE
	Ш	6. RACE  7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Ys.   If Under 24 Hrs.   Months; Doys   Hours   Min.   Months   Months   Min.
th occur contribution regularies and second	10/	MALE NEGRO WIDOWED DIVORCED 7-11-01
or corninder in dece	do	and the second s
de de constitue de	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
was the sposs		
ANN tant tant nd; nd; on aldidi	15.	Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS  ADDRESS  ADDRESS
RETAN Ssistar the d kindy deat nce or	(I e	
POR S ass		Mrs. Elizabeth Brown 934 N. Centra 1  CAUSE OF DEATH  APPROXIMATE INTERVAL
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OR: iner ner. actur pror mbai		heart foilure, asthenia, etc. It means the disease injury or complication which caused death
		AMERICAN CALLED
SO BEATES		DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
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AL D medical edical burns; hysician was remain	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
E TE DO	ICA:	DISEASE OR CONDITION GIVEN IN PART 1 (A).
Bodie the the	RTIF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
of ope (2)	O	218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY ve.g., in al. about 21C, WHERE DID (II In/Bollimore City, give exact location)
whe do	15	DEATH (notify medical examiner)
VALE Ved by hospita nature: ept whe d (6) No	MEDI	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURT OCCUR?
S OVA		1 69 6 PHWork AI Work A It Wassidewall and a destrain struckburgette
de de la colo		22. I certify that (1) (this haspital) attended the deceased from 190 100 190
C 2024-00		that (1) (we) last saw the deceased alive an 1969 and that in (my) (aur) apinian death accurred an the date
ON AF		and have and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.
01100002		Attending Med. Shoff Director Phys. D 76 6 9
PIT PIT POLICE		23C. PHYSICIAN'S NAME (Type)    23D. ADDRESS
EASEL R SP I If CAL History Was re Was re I) An ac apprior		Robert & Kurta MD   Johns Hooking Rose at Md.
SOS TO SE	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORT 24D. LOCATION (City) town, or county (Stote)
RELE BY DR MED J This certif the body shows: (1) was D.O.A deceased	B	urial 7/31/69 Canyon Nom Bonts
RE BY His control of the books shows: We was D. Weither	25A	DATE REC'D BY HEALTH DEPL 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
- m+u>0>	1/5	JUL 28 1969 Jule E. Jale No Win Comarch 928 E. North Ave.

- 51 A MAL 15 First Almell - T LP. Mose - 4

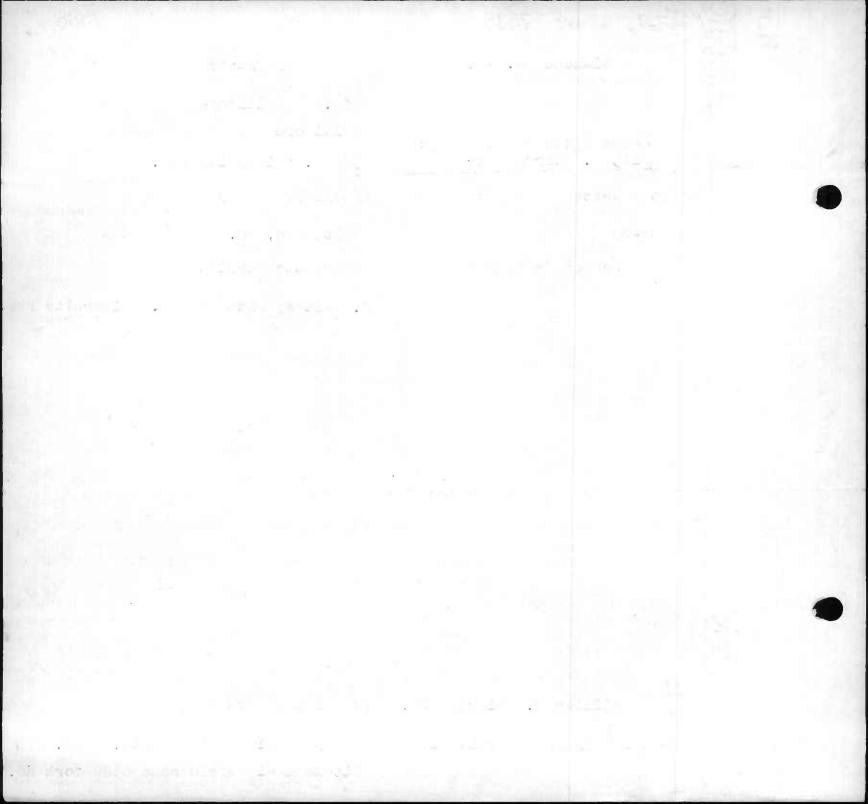
a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
hief medical examiner or his assistan a medical examiner. Also, if the d ody burns; (3) A fracture of any kind; he physician who pronounced deat! sician was in regular attendance or the remains are embalmed or final d	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	J-5	20	in		BALTIMORE CIT	Y HEALTH DEPA	RTMENT		Ca	المالت المالت	L pros
B	RTH NO.		03	753	7 CERTIFIC	ATE OF D	EATH	REG. NO	03	753	1/
T.	NAME OF DEC	EASED						ND HOUR OF DEATH			
11	ype or Print) J	ONES, TI	heodor	e John			7-25		1	1:15	P
3.	PLACE IN BAL	TIMORE MAS	YLAND, W	HERE PRONC	UNCED DEAD	Nº 31015	DENCE (Wh	ere deceased lived If in	stitution; res		odmission)
F	ULL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland			8	33	
11		eterans	Admin	istrati	on Hsopital	C. CITY OR TOW	M	D. INSI	DE CITY LIA	AITS?	
11		900 Lock				Baltimo:	re		YES	NO	]
		altimore	e, Mer	yland 2	21218	2624 Bet		enu <b>e</b>			
11	sex Male	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years	If Under	1 Yr. If Un Doys Hours	der 24 Hrs.
H		Negro		WIDOWED		9-27-27		tost bitthdoy!	Months	Doys Hours	Min.
do	A. USUAL OCCI	UPATION (Give working life, eve	kind of work n il retired)	10R KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or for	eign countryt	12. CITIZI	N OF WHAT	COUNTRY
11						Baltimo	re. Maj	ryland	U.	S. A.	
13	Baggage FATHER'S NA	ME				14. MOTHER'S					
'	Theodore	Jones				Elsie Ca	arver				
15.	Wos Deceosed	Ever in U. S.	Armed For	01?	1 6. SOCIAL	17. INFORMANT	VA Ho	spital Record	da l	ADDRESS	
114 .	Yes	2-4-54			SECURITY NO. 218-22-53-04	Baltimon	re. Mai	ryland 21218	TD .		
	18. //	2 31	00 11	70-77	CAUSE OF DEA		.0,	LJ ZOLIG ZIZIO		APPROXIMATE	IALVERYA A P
1	DISEAS	E OR COND	ITION DIR	ECTLY					88	TWEEN ONSET	AND DEATH
	1	LEADING TO			(A)IMMEDIATE CA	Congest:	ion &	Edema of lung	ZS.		
	lThis does n heart failure, injury ar cam	asthenia, etc.	It means	the disease		A CONSEQUENCE	OF: MO	derate	3-7		
		NTECEDENT		Geoili'i	Toft W	nt mi ou la m	1				
	DISEASES O			.mt.tm.	(B)	A CONSEQUENCE	nyper	trophy, marke	ed		
	rise fa the	abave ca	use (A)	slaling the					-		
	UNDERLYING	CONDITION	l last.		(c) Corona	ry atheros	scleros	sis, Moderate			
z	OTHER CICAME	11		Thin in it is							
15	TO THE DEATH	BUT NOT REL	ATED TO TH	E TERMINAL							
CERTIFICATION	19A. DATE OF	OPERATION	198 CONE	MITON FOR V	WHICH OPERATION	20A. AUTOPSY	7 (Yes or No	20B. IF YES, WERE FI	INDINGS C	ONCIDERED	
ERTII	2		WAS PERF	DRMED		Ye		IN CERTIFYING CAU	SES OF DE	ATHT	
	21 A. ACCIDEN OR CONTRIBU	TWAS UNDE	RLYING [	218,	PLACE OF INJURY (e.g.,	n or obout 21C. WH	ERE DID	(If In Bolttmore		exoct location)	
MEDICAL	DEATH (notity	medicol exomi	ned	etc.)	e, form, foctory, street, c	mea proge INTOKI	O C CU KI				
MED	OF INJURY	(Month) (Do)	(Yeor)		INJURY OCCURRED		W DID INI	URY OCCUR?			
	(APPROX.)			Whi	le At Not Whi						
	22. I certify	that 🕦 (this	hospital)	attended th	ne deceased from	uly 22,		19 69 to July	7 25,	1	9 69
	that (M (we)				July 25,	19 69		ot in (10) (aur) opini			
	and have and	from the cay	uses state	d-phove.	(we) (did) (数数次数数	lew the bady af	er death.	,			Time date
	23A. SIGNATU	19 /	2	/	444444				238, DATE	SIGNED	
	NS	miller	2/6	al, M		nding Me	d.	Staff Phys.		ULY 196	69
	23C. PHYSICIAN NAME (Ty	₹S pel			DEGREE			och Raven Bou			
		WAL	TER S	MITHWI	CK, MD			ore, Maryland			
24/	REMOVAL (S		DATE	24C. NA	ME of CEMETERY OF CR	MATORY			fown, or o		(Stotet
	Burial	7/	30/69		lto Nations	1 Cemete	ry Ba	lto., Md.			
25/	DATE REC'D	BY HEALTH D	EPT.	acher,	FOLEGISTRAR	25C. FUNERAL	DIRECTOR	1		ADDRESS	
	111 28 19	100	B E, 4	neuro,	Q. A ()	Wm C M	arch	928 E. No	rth A	lve.	
VE	150 WREV. 1/1/6	8									

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Type or			inche	A. B	ates	7/	23/1969		104
3. PLAC	E IN BALT	IMORE, MARY	LAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived.	If institution: re	sidence before od
FULL N. HOSPITA INSTITU	AME OF	(IF NOT I	N HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Md. B	altimore	INSIDE CITY LI	1307 MITS?
GA		Long G	een	Nursi	ng Home	Baltimore  E. STREET AND NUMBE	D	YES 🔀	NO 🗌
70		115 E.	Mel	rose A	ve		iversity F	Plew.	
S. SEX		6. RACE			NEVER MARRIED		9. AGE (In years	I If Under	1 Yr. If Under
	nale	Whit	e	WIDOWED	X DIVORCED	6/28/1877	last birthday	Months	
done duri		vorking life, even		108, KIND O	F BUSINESS OR INDUSTI	Baltimore			SA
	ER'S NAM					14. MOTHER'S MAIDEN	*		, OA
			eph F	eelemy	er	Charlotte			
5. Was	Decensed	Ever in U. S.	-		1 6. SOCIAL	17. INFORMANT	MOLL AROLL		ADDRESS
Yes, no o	r unknown)	(If yes, give v	wor or date:	s of service)	SECURITY NO.	J. Whitney	Bates 526	6 W. Un	
DIS	A EASES O	osihenia, elc. plication which ANTECEDENT PR CONDITIC Composer com	, II meons ch caused CAUSES ONS, if a	any, giving	(B) DUE TO, OR A	S A CONSEQUENCE OF:			
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DISI rise UN OTH TO TO THE TO	AEASES O to The DERLYING  ER SIGNIFI THE DEATH ASE OF CO DATE OF  ACCIDEN CONTRIBUTH (notify)  TIME NUMBER VICOL  (1) (we)  CONTRIBUTION  (1) (we)	Plication which ANTECEDENT OR CONDITION OR CONDITION OF CONDITION OPERATION  (Month) (Do that (1) (this lost saw the or from the ca	Il meons ch caused CAUSES ONS, if couse (A) N last,  TIONS COIL LATED TO THE CONTROL OF THE CONT	the disease, death.)  any, giving stoling the MIRIBUTING HE TERMINAL I 1 (A).  DITION FOR FORMED  (Hour) 21E WY.  W. (Hour) 21E WY.  Ottended 1	(B)	20A. AUTOPSY? (Yes of interest	INJURY OCCUR?	opinion deor	2 19 th occurred on t
WEDICAL CERTIFICATION OLY INSERT ON THE CATION OLY INSTITUTE OF THE CATION OLY INSERT ON THE CATION OLY INSTITUTE	ACCIDEN CONTRIBUTH (1) (we)  \[ \begin{align*} \text{ACCIDEN CONTRIBUTH (notify) \text{TIME NJURY (1) (we) \end{align*}	plication which ANTECEDENT IN CONDITION CONDIT	Il meons ch caused CAUSES ONS, if couse (A) N last.  TIONS CORLING TO THE CORLING TO THE CONTROL	the disease, death.)  any, giving stoling the Stoling the TERMINAL 1 1 (A).  DITION FOR FORMED  (Hour) 21E Wt. W.	(B)	20A. AUTOPSY? (Yes of in or obout 21 C. WHERE DI office bldg., INJURY OCCUI 21 F. HOW DID wiew the body ofter decomposition of the body of the decomposition of the body of th	INJURY OCCUR?  INJURY OCCUR?  to d that in(my) (our) th.	opinion deor	2 19 th occurred on t
WEDICAL CERTIFICATION OLY TO THE CATTORN OLY TO THE	A EASES O to The DERLYING THE DEATH ASE OR CO DATE OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OPERATION OPERATION (Month) (Do thot (1) (this lost sow the latest of the condition of the co	Il meons ch caused CAUSES ONS, if couse (A) N last,  IIONS COOL LATED TO THE CONTROL OF	the disease, death.)  any, giving stoling the steam of th	(B)	20A. AUTOPSY? (Yes of office bldg., INJURY OCCUPANCE OF INJURY OCC	INJURY OCCUR?  INJURY OCCUR?  to d that in(my) (our) th.	opinion deor	19. th occurred on 224-6
WEDICAL CERTIFICATION OLY TO THE CATTORN OLY TO THE	EASES O to the DERLYING  ER SIGNIFI THE DEATH ASE OR CC DATE OF  ACCIDEN CONTRIBUTH (notify  TIME NJURY PHYSICIAIN NAME (Ty	Plication which ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OPERATION (Month) (Do that (1) (this lost sow the from the call from the cal	Il meons ch caused CAUSES ONS, if couse (A) N last,  IIONS COOL LATED TO THE CONTROL OF	the disease, death.)  any, giving stoling the stoling the TERMINAL I 1 (A).  DITION FOR FORMED  (Hour) 21E who we do do ove. (  G. Hel	WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, factory, street, .)  E. INJURY OCCURRED hile At   Not Work   At	20A. AUTOPSY? (Yes of processing the process of the	INJURY OCCUR?  INJURY OCCUR?  to d that in(my) (our) th.  Staff Phys	opinion deof	19 th occurred on the SIGNED 2-4-6



## IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

REG. NO. CERTIFICATE OF DEATH Such hospital and (5) Deceased ance on the of death 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) July 24, 1969
4. USUAL RESIDENCE | Where deceased lived. If institution: residence Lola Benson Thomas death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance Maryland CITY OR TOWN cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR D. INSIDE CITY LIMITS? 0 canse; 0 YES X Baltimore Long Green Nursing Home prior E. STREET AND NUMBER contributing occurred Charles & Blackstone Apts. (4) Undetermined disposition is made. regular B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Months! Doys deceased ost birthday 3/10/1879 WIDOWED DIVORCED K White Female 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath done during most of working fite, even if retired) Ξ 0 Homemaker
13. FATHER'S NAME Anne Arundel Co. Md. Was 14. MOTHER'S MAIDEN NAME the direct Mollie ? James S. Benson death LO kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 1 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance Miss Eleanor Benson Univ. No any CAUSE OF DEATH 18. pronounced 0 DISEASE OR CONDITION DIRECTLY 100 embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular examiner. injury ar camplication which caused death.) ANTECEDENT CAUSES who 6 in re are DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if any, giving to the abave cause (A) stating the (3) physician UNDERLYING CONDITION lost. the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED obtained before 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (2) 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact lacotion) where OR CONTRIBUTING CAUSE OF MEDICAL to the hospital oN (9) pub DEATH (notify medical examiner any nature; 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While At IAPPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram . and that in (my) (our) that (We) last saw the deceased alive an pinlan/death accurred an the date pe hospital death) abave (1) (We) (dtd) (did hat) yew the bady after death. and haur and from the causes stored must he body was released accident 23B, DATE SIGNED 28A. SIGNATURE Attending Med. Staff 0 Phys. Director Phys. approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior t D An Roland Ave. Baltimore William Hel G Y DEGREE 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) deceased was D.O. REMOVAL (Specify) shows: Burial 7/26/69 25A. DATE REC'D BY HEALTH DEPT. Codar Hill Cometery An
25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Anne Arundel Co. Mitchell-Wiedefeld - 6500 York Rd.

BALTIMORE CITY HEALTH DEPARTMENT

NO

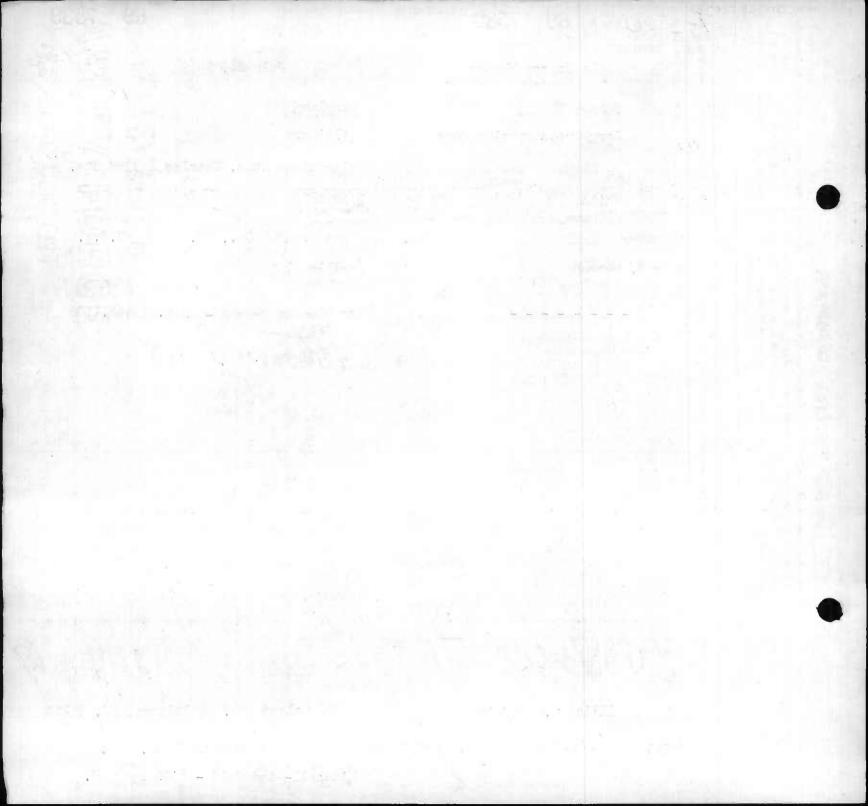
U.S.A

ADDRESS

5

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH



shows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Diversified Case, (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0				BALTIMORE CITY	HEALTH DEPARTM	MENT	20 7540
BIRTH	-252 NO.	69	7540	D. CERTIFICA	TE OF DEA	TH XREG. NO	69 7540
1. NAA	AE OF DECEASED					DATE AND HOUR OF DEATH	
(Type	or Print)	Francis	E. Bucki	ingham		July 24, 1969	9:00P. M
3. PLA	CE IN BALTIMORE				4. USUAL RESIDEN	CE (Where deceased fived. If i B. COUNTY	nstitution; residence before admission)
HOSPI	NAME OF (IF	NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mary land		SIDE CITY LIMITS?
3	1-9	rcy Hosp	ital		XEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Arbutus	YES NO
						yland Place 212	29
5. SEX	6. RAC	E	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M	W	WIDOWED	DIVORCED	3-17-1909	lost birthdoy) 60	Months Doys Hours Will.
			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stol	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	uring most of working l	ile, even it telired)	Charles	Theatre	Pennsylvan	ia	U.S.A.
	THER'S NAME		0110-110-1	711000020	14. MOTHER'S MAIL		
	Tames of T	noled make	P0		Daniel a C	ما به ا	
S W.	LIVIN E	Buckingha		1 6. SOCIAL	Bertha S	micn	ADDRESS
Yes, no	o or unknown) (If yes,	give war or dot	es of service)	SECURITY NO.	THE PROPERTY OF		21229
W	WII			212-16-9423		Buckingham 421	0 Maryland Place
h ir D	LEADII This daes nat med eort failure, astheni jury or camplicatio	a, elc. It means n which coused EDENT CAUSES NDITIONS, if re cause (A)	dying, e.g., the disease, death.)	DUE TO, OR AS	a consequence <b>o</b> f:	Occlusion, Acureant Disease	
ATI	THER SIGNIFICANT OF THE DEATH BUT I ISEASE OR CONDITION	ON GIVEN IN PA	THE TERMINAL RT 1 (A).		**************************************		
ERTIFIC	A. DATE OF OPERA	TION 198. COI	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? ()	(es or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0 21	A. ACCIDENT WAR CONTRIBUTING	S UNDERLYING [ ] CAUSE OF   exominer)	218 hom etc.	PLACE OF INJURY (e.g., i ne. lorm, factory, street, o	n or about 21C. WHER INJURY O	E DID (If in Boltimo	ore City, give exoct location)
WED!	D. TIME (Month	n) (Doy) (Year)		ile At Not While	e 🗂	DID INJURY OCCUR?	
				he deceased fram		19 49 to	July 1969 Sinian death accurred an the dat
	A. SIGNATURE	the causes sto	ited abave. (	I) (Welk(did)x(did nat) v	new the bady atter	death.	23B, DATE SIGNED
23	A. SIGNATORE	1		Atte	ending A Med.	☐ Shaff ☐	
		w f	200	GEGREE Phy	s. 🖾 Direct		July 25,1969
23	NAME Type	Leo J	Gaver	x = 1	23D. ADDRESS  1 Mallow Hi	111 Road, Baltim	ore 21229
	BURIAL CREMATIO	N. 248. DATE	24C.N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)
_	REMOVAL (Specify)	7-28-69	Dre	uid Ridge Ceme	eterv	Pikesville	Baltimore Maryland
	Burial			OF REGISTRAR	25C. FUNERAL D		ADDRESS
	UL 28 1969 0-REV. 1/1/68	Robert E	Jahren	MA 0 0	and the second	and the same of th	Wilkens Ave. 21229

model and part of payments of the material than the contract of Market Leas, very control of the last The second second NE. hom J. Worst I Wilder Lills Red, Delethers 1815

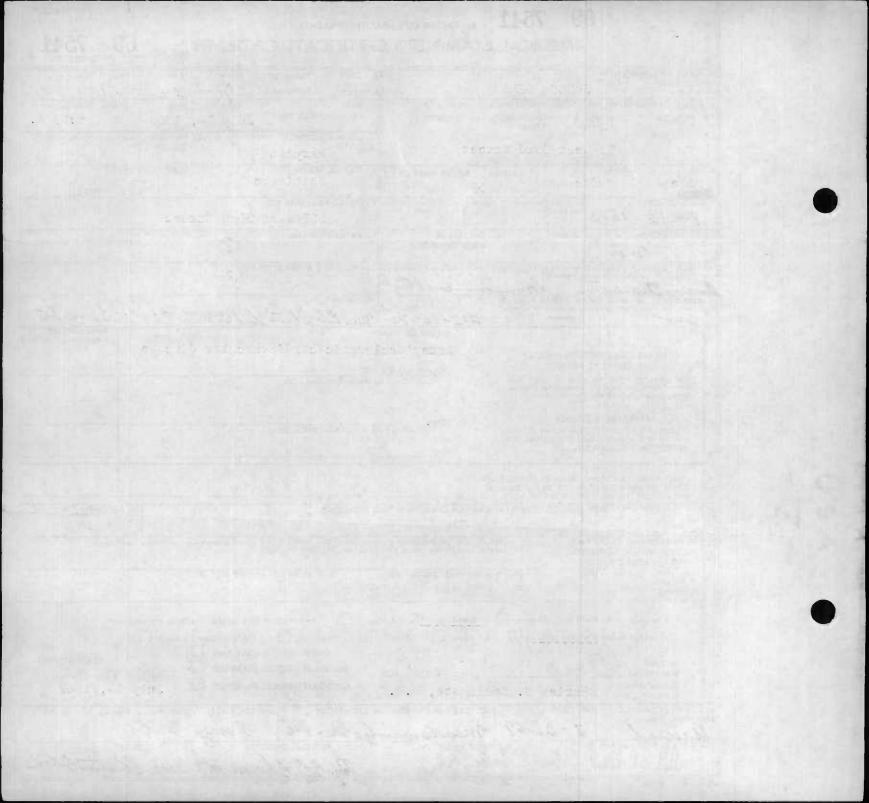
트 지수들이 보고 기계하는 (M.A.)는 요.(2) - " - A.(3) - (2) - (2) - (3)

. as a sale that the sale of the sale of

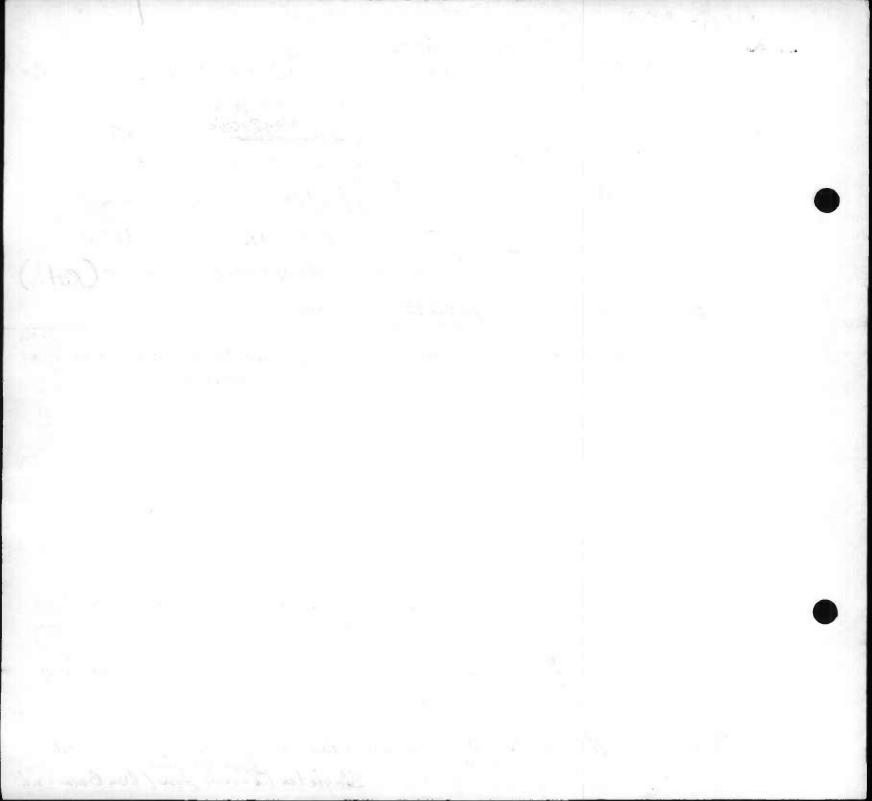
5-500	69 7541	BALTIMORE CITY HEALTH DEPARTMENT
0 300	MEDICAL	<b>EXAMINER'S CERTIFICATE OF DEATH</b>

	CO	7541
EG NO.	UU	1041

BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known   Month Day	Year Hour
JOSEPH SIMA	DEATH Estimoted   7 - 24 -	- 69 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION   ADDRESS OR LOCATION)	PRONOUNCED DEAD July 24, 1969  5. USUAL RESIDENCE (Where deceased lived. If Institution: r	6:35 A.
O 827 West 33rd Street	A. STATE Maryland B. COUNTY	1305
6. SEX Male  7. RACE White  8. MARRIED NEVER MARRIED   WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY	LIMITS?
9. DATE OF BIRTH  8-12-1890   Ost birthday)  78   Wonder 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.		LA NOL
11. BIRTHPLACE(Stale or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  Le rane President  American Smelling	15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	RESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 4	mus Elzabeth & Brown 827	
19. CAUSE OF DEA	TH C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease	
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease.	AUSE AS A CONSEQUENCE OF;	
injury or complication which coused death.)		
ANTECEDENT CAUSES  (B)  DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 2	I. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 22C. WHERE DID (II in Boltimore City, give exact leading., etc.) INJURY OCCUR?	
22D. TIME (Manih) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	22f. HOW DID INJURY OCCUR?	
23.	ORK	
	opsy and that on this basis, death in my ap	inlon
resulted from: Natural causes A Accident Suicid	CHIEF MEDICAL EXAMINER	
SIGNATURE CHANS J. J. J. M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER July	24, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	Las Men Ph Worsey McL	r county) (State)
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADD	RESS
10 28 1969 Vale E. Jaber M. D.	Poul Engheroweth 3615 6	the tent leve



1	L 300 69 7542 BALTIMORE CITY HEALTH DEPARTMENT
7007g	CERTIFICATE OF DEATH REG. No. 69 7542
45 es 47	I. NAME OF DECEASED THE CONNETTS ROBERTS
de de s	Type or Print BABY BOY RHODES SULY 23 19CH 9 2
a e D e a	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. II institutions fesidence before admission)  A. STATE  8. COUNTY
a hospi cause o se; (5) D indance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYCAWD. A CONTROL OR ADDRESS OR LOCATION)
	C. CIT OF TOWN G- LEN BYRNE D. INSIDE CITY LIMITES?
d cau	37 MERCY HOSPITAL FUE. E. STREET AND NUMBER
	634 BIASTED PO. BINSTED
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 6/0/69 9. AGE (In years lost birthday) Months Days Hours Min, Months Days Hours Min, Months Days Hours Min,
occur ermin regul	WIDOWED DIVORCED 6/0/69 43 days 13
# - 8 - 5 - 6	done during most of working life, even if retired)
de de cas	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
NT nt if d direct d; (4) U th was nt the dispose	VAMES E. RHODES (DECEASED) SEALNETTE RHODER (RILL)
8 0 8 0 -	15. Was Doceased Ever in U. S. Armod Forces? (Yes, na ar unknown) (II yes, give war or dates of service)  16. SOCIAL SECURITY No.
assista if the if the on kind ed dead dance	NO NONE MOTHER,
O Bir E O P	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
M lso	DISEASE OR CONDITION DIRECTLY
0 - 5 - 0 -	(This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It meens the disease,
act act mb	injury or complication which caused death.)
12 2 - E 0 0	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
REC exe (3) A in W in S	The property of the course for storing the
D als al	UNDERLYING CONDITION last, (C)
Medica burns, hysici n was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994- DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 1204-AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED.
Chief of a moy a moy a moy a moy body the physicia	19A- DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A- AUTOPSYZ (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU he 1 by (2) ph for	In politimare City, give exect location
	DEATH (notify medicol exominer) etc.)
wed by the hospital mature; tept when did (6) No ained be	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While
-00 - 25 -	AT WORK EST
f any f any f any (); at	22. I certify that (I) (this hospital) attended the deceased fram. 6 10 6 9 19 to 7 3 6 9 that (I) (we) last saw the deceased office an 7 7 3 6 9 and that In (my) (aur) applied death accuracy as the determinant
be a ed to to to sital st be	and have and from the causes stated obave. (1) (We) (did) (did not) view the bady after death.
iust be cleased the cleased the cleased the cleased the clean of death)	23A, SIGNATORE
E 0 U + B	Howard - Handallideagee Phys. Attending Med. Director Phys. 7/24/69
# 2 - 2 - 5	23C. PHYSICIAN'S NAME (Lype)  23D. ADDRESS
A A B	24A. BURIAL CREMATION, [24B. DATE , [24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, lown, or equally) (Sintell
F 200 "	REMOVAL (Specify) (Stole)
This cert the bod shows: ( was D. decase	25A. DATE RECD. STORALTH DOTT & E PROMETE CORRESTRAR 25C. FUNERAL DIRECTOR BURNIE ADDRESS
サキャッタメ	Single for France of from Byenie ml
	VS 150-REV. 1/1/6R



## FUNERAL DIRECTOR: IMPORTANT

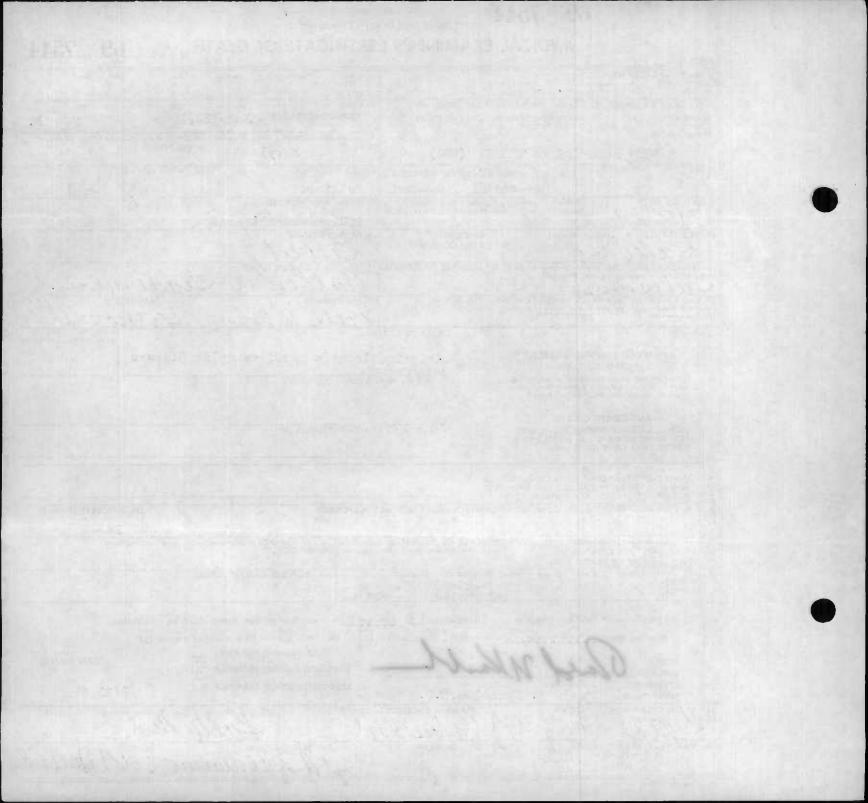
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-540	)	land not on	BALTIM	ORE CITY	HEALTH DEPARTMENT			
BII	RTH NO.	69	754	3 CERT	IFICA	TE OF DEATH	REG. NO	69	7543
1,1	NAME OF DECEAS	SED	1	1			NO HOUR OF DEATH		
СТу	pe or Print)	DORA	HAN	nE/		7	121/19		9:00 pim
3.	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONC	UNCED DEAD		4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	nstitution: 1	esidence belove admission)
11 H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE ST	REET	C, CITY OR TOWN		IDE CITY L	735
1		MEMOR	-1	Visita	/	BALLIMORE		YES X	NO 🗆
1	UNION	1.12.010.6	9/ /	1038,001		E. STREET AND NUMBER 3124 Wood			
S.	SEX (6.1	RACE	7. MARRIED	NEVER MAI	RIED	B. DATE OF BIRTH 89	9. AGE (In years lost birthdoy)	II Unde	1 Yr., Il Under 24 His. Doys Hours Min.
100	/	TION/C:	WIDOWED			11/40/20	80		
dor	ne during most of work	TION (Give kind of work ing life, even if retired)	JOE KIND O	F BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITI	ZEN OF WHAT COUNTRY?
12	House	ewope				MIG			USA
'3"	FATHER'S NAME	V				14. MOTHER'S MAIDEN NA	ME		
15. (Ye	Was Deceased Eve	r in U. S. Armed for yes, give wor ar dote	ces?	1 6. SOCIAL SECURITY	10	17. INFORMANT		0	ADDRESS
	No	yes, give wor at dole	3 Of Selvices	1 -	6566	Laughtin		da	ms
	18. // / 2		<del></del>		OF DEATH	pour			APPROXIMATE INTERVAL
		OR CONDITION DIE	RECTLY	An	FREIDS	Innotic CANdo	unscular D	(RACE	BETWEEN ONSET AND DEATH
		ADING TO DEATH meen the mode al	dvina a -	(A) IMME	DIATE CAU	SE		04-714	
	heort failure, osti	henia, etc. Il means alian which coused	the disease	DUE	O, OR AS A	CONSEQUENCE OF:			
		ECEDENT CAUSES	deom.)					1	
		CONDITIONS, il	any, giving	(B)	O. OR AS	A CONSEQUENCE OF:			
	rise to the d	bave cause (A)	slaling the						
	0.1.021.1110	II		(C)		*****************************			
ATION	OTHER SIGNIFICAL	NT CONDITIONS COL	NTRIBUTING					Ì	
A	DISEASE OR CONE	UT NOT RELATED TO TH	T 1 (A).	*******	*******				***************************************
ERTIFIC	19A-DATE OF OP	ERATION 198 CON	DITION FOR	WHICH OPERATI	ON	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS USES OF E	CONSIDERED DEATH?
CE	21A. A CCIDENT V	VAS UNDERLYING	211	PLACE OF INJ	JRY (e.a., in	or obout 21 C. WHERE DID			exact location)
CAL	OR CONTRIBUTIN DEATH (notify med	G CAUSE OF	hor	ne, form, foctory,	street, aif	ce bldg., INJURY OCCUR?	(ii iii boiiiii)	city, give	s exact location)
MEDI	OF INJURY	onth) (Doy) (Yeor)		INJURY OCCU		21F. HOW DID INJ	URY OCCUR?		
~	(APPROX.)		W	nile At	Not While At Work				
	22. I certify tha	t (I) (this hospital	attended t	he deceased fo	om	7/4/	19 69 to	7/3	2// 1967
	that (I) (we) los	t sow the decease	d alive an	7/2		19	at in (my) (our) opi	nian deat	h occurred on the date
	and hour and fro	om the causes stat	ed abave. (	l) (We) (dld) (d	ld not) vl	ew the bady after deoth.			
	23A. SUNATURE	2/1	100	mo	A 14	4	4. 4	23B, DAT	E SIGNED
	Somele	1/4	hlen	//// DE	GREE Phys.	Director L	Staff Phys.	71	12/15/
	23C. PHYSICIAN'S NAME (Type)	. CECKIE			2	3D. ADDRESS	16minin/	1 1	1 .1.1
244	RONALD V	V. GECKLEF			DEGREE				ospital
	REMOVAL (Speci	7/74/1	9 1	AME OF CEMETE	RI OF CRE	24D. L	OCATION (CI	ly. forting of	(Stote)
254	DATE REC'D BY	HEALTH DEPT.	DSR NAME	OF REGISTRAR	al.	Use Andrew	1 Julio	00	1 400000
1	1111 9 9 10	169 Robert 8			10	ISCAPINERAL DIRECTOR		17	ADDRESS I PL
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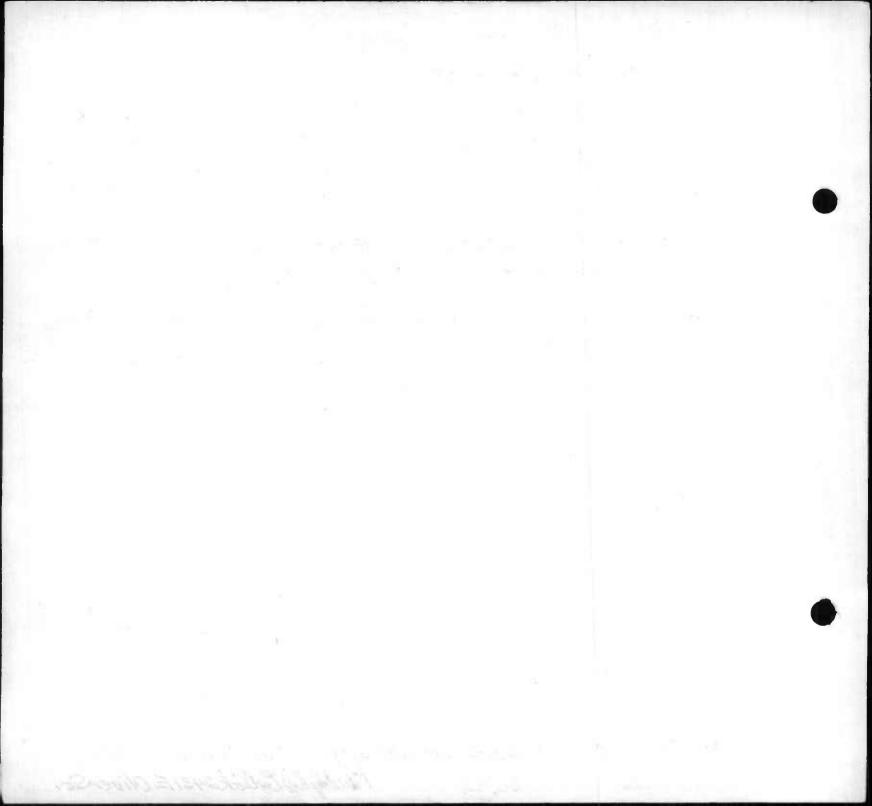
00 7544

	TH NO.  JAME OF DECEASED		2. DATE	Known Annth		v . I.i	
	D-1-1	NSON	OF	Estimoted	Day	Year Hour	
4. P	LACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	DEATH  3. DATE	Month	Doy	Yeor Hour	_
	NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	PRONOUNG	CED DEAD July	22,1969	?	
	NSTITUTION			DENCE (Where decease		n: residence before a	dmissi
	UNION MEMORIAL HOSP	ITAL (DOA)	A. STATE	Maryland	B. COUNTY	90	2
6. SI	EX 7. RACE B. MA	RRIED NEVER MARRIED	C. CITY OR TO	WN	D. INSIDE C	ITY LIMITS?	0.4
Ma	ale White WID	OWED DIVORCED	Baltimo	ore	v	ES NO	
9. D.	ATE OF BIRTH 10.AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months   Doys   Hours   Min.	E. STREET AND	NUMBER		/	
-	1/8/09 60	Months Poys   Mons   Min.		oundhill Roa	d		
11. B	SIRTHPLACE (State or (areign country)	12. CITIZEN OF	13. FATHER'S	AME A			
	Lallo ned	WHAT COUNTRY?	All	sult & .			
4A.	SUAL OCCUPATION (Give kind of work 14B. KI)	ND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S	MAIDEN NAME	0.	7	
4	allsman		Cali	unine	Jud	erman	1
6. V	NAS DECEASED EVER IN U.S. ARMED FORCE no or unknown) (If yes, give wor or dotes of serv	CES? 17. SOCIAL SECURITY NO.	18. INFORMAN	11 / 0	A	DDRESS	
			Muda	Whusen	1 152	7/Course	LL
1	9.	CAUSE OF DEA	HTA	//		APPROXIMA BETWEEN ONS	
	DISEASE OR CONDITION DIRECTLY	A substantial and	1	Cardiovascu	Jan Diasa		
	LEADING TO DEATH	(A)IMMEDIATE		Caldiovasco	ital Disea	ise	
	(This does not mean the mode of dying, e.g. heart lailure, asthenia, etc. it means the diseas	DIJE TO OP	AS A CONSEQUEN	ICE OF:			
1	injury or complication which coused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)					
	ANTECEDENT CAUSES	(B) DUE TO, OR HE	AS A CONSEQUE				
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ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB	(B) DUE TO, OR HE (C)					
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1 2 2 E	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TED DISEASE OR CONDITION GIVEN IN PART 1 (	(B) DUE TO, OR HE (C)	AS A CONSEQUE				es or
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MEDICAL CERT	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (20A. DATE OF OPERATION 20B. CONDITION	BUTING RMINAL A).  N FOR WHICH OPERATION W    22B. PLACE OF INJURY (e.g., home, form, foctory, street, office our)   22E.INJURY OCCURRED   WHILE AT   NOT   AT V    Inspection   Au   Accident   Suicident   Suicident   Suicident   M.E.   M.E.	AS A CONSEQUE  AS PERFORMED  In or obout 22C. to bidg., etc.) INJUI  WHILE VORK  ASSISTAN  ASSOCIA  OF CREMATORY	WHERE DID (If In Bold RY OCCUR?  HOW DID INJURY OF  Ide Undeter  F MEDICAL EXAMINE  TE MEDICAL EXAMINE	Is, death in my mined manner R R R R City, fown	yes  opinion  DATE S  7/23/69	IGN

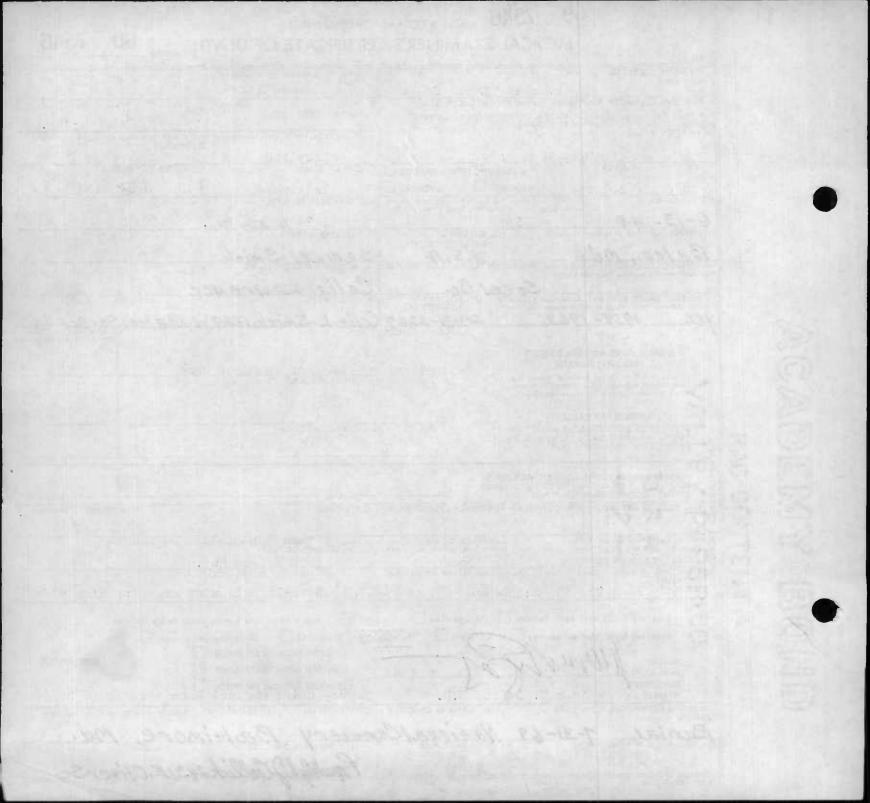


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was bo.A. at a hospital (except where physician who pronounced death was in regular attendance on the death was in regular attendance on the

	1-1160	200	174 PF 4 PF	BALTIMORE CITY	HEALTH DEP	ARTMENT		60	MEAS
BIRT	H NO.	03	7545	CERTIFICA	TE OF D	EATH	REG. NO	by	7545
1. N.	AME OF DECEASED	ae/A	7.7.	lax			D HOUR OF DEAT	2	0:55
3. PI	LACE IN BALTIMORE, MAR	- 1	PRONOLING	ED DEAD	4. USUAL RES	IDENCE (Whe	ie deceosed lived. If	institution: resid	ence before odmissi
FULI	L NAME OF (IF NOT I		R INSTITUTION	N. GIVE STREET	A. STATE  Md.  C. CITY OR TO	B, COOK		NSIDE CITY LIMI	510
0	- 1	11/	1-	Af	Ba	17,mo		YES P	NO []
	Sinai Hos	putal	of Be	ellimou	E. STREET AN	D NUMBER	nhust	ave.	2/2/3
5. SE		7. M	ARRIED   N	EVER MARRIED	8. DATE OF BI	RTH	9. AGE (In years	If Under 1	
	Male N		OOWED	DIVORCED	5/20,	160	lost birthdoyl 9	Months Do	ys Hours Min.
IOA, I	USUAL OCCUPATION (Give I during most of worlding life, even	tind of work 108.	KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLAC		gn country)	12. CITIZEN	OF WHAT COUNT
	Student ATHER'S NAME	it retired;	sch	101	Balt.	to, Mo	1.		SA
13.17		-	Da .		14. MOTHER'S	MAIDEN NA	ME		
	James	- //			Best	eAls,	to M		
15. W (Yes, 1	as Deceased Ever in U.S., no or unknown) (If yes, give v	Armed Forces? var or dotes of :	rervice) 16.	SOCIAL SECURITY NO.	17. INFORMAN	T		Al	DDRESS
	No	No			Rossip	ATIL	r.3906 Pe	Nhone	- A
1	8. / / 2 / 1			CAUSE OF DEATH	A	MY YE	12.370016		PPRUAIMATE INTERVAL
	DISEASE OR CONDI		.γ		-1	1.	1111	BETY	WEEN ONSET AND DEA
	LEADING TO			(A) IMMEDIATE CAU	SE albe	domin	ol Moly	monce	9 month
- 11	This does not mean the heart failure, asthenio, etc.	It meons the c	lisease.	DUE TO, OR AS	A CONSEQUENC	E OF:			
i	injury or complication which		1.)		1	1	1-1-1	0	_
	ANTECEDENT			(B) Tu	mono	my /	lelaslas	res	Z mon
1	DISEASES OR CONDITIO	NS, if ony,	giving	DUE TO, OR AS	A CONSEQUEN	CE/OF:	M Mi - Vo Monding and Tourish		*******************
ï	UNDERLYING CONDITION	losi,	ig the	(c)					
	11								
FIT	OTHER SIGNIFICANT CONDITI O THE DEATH BUT NOT REL DISEASE OR CONDITION GIVE	ATED TO THE TER	MINAL	******************	78 6050 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	·			
RTIFIC	9A-DATE OF OPERATION	198. CONDITION	FOR WHICH	OPERATION	20A. AUTOP	SY? (Yes or No	20B, IF YES, WERI	E FINDINGS CO AUSES OF DEA	NSIDERED TH?
_, 0	TA. ACCIDENT WAS UNDE PR CONTRIBUTINO CAUSI EATH (notify medical examin	OF	21 B. PLAC home, for etc.)	E OF INJURY (e.g., in m, foctory, street, off	or obout 21 C. W	HERE DID Y OCCUR?	(If In Boltim	ore City, give ex	oci locotion)
2	ID. TIME (Month) (Doy	(Yeor) (Hou	IN 21E INJU	RY OCCURRED	21F. H	OW DID INJU	JRY OCCURT		
	F INJURY APPROX.)		While At	Not While					
2	2   1 minutes above (1) (ab.)	L Iv . IV	Work	Al Work	Sept	4		11	
- 1	2. I certify that (I) (this			ceosed from		7 1	9 GS 10	July	25, 1968
- 1	hot (1) (we) last saw the		- (	July 25	1 19 69	ond the	t In (my) (our) of	olition death o	ccurred on the do
0	nd haur and from the cau	ses stoted ob	ave. (1) (We	) (did) (did not) vi	ew the body o	fter death.			
2.5	SA. SIGNATURE	1 /	)	110				23 B. DATE SI	GNED
	100d (9	adst	tone	DEGREE Phys.		led.	Staff Phys.	7/2	25/69
23	NAME (Typel	m. Ja	polato		3D. ADDRESS		Undita	1	
24A. I	BURIAL CREMATION, 248.	DATE	24C, NAME o	CEMETERY OF CRE	MATORY	24D. LO	CATION	City, town, or co	untul (Ci)
0	REMOVAL (Specify)	10 10	2.1		10		/ /		unty) (Stole)
25A.	DATE REC'D BY HEALTH DE	29-69 PT. 25B N	DAITO	National	CASTY.	Sa.	timone		di
1	III 28 1000 0	2 00 7	Co ha	9000	R3. 17	ושצ היש ה	00-1-		ADDRESS
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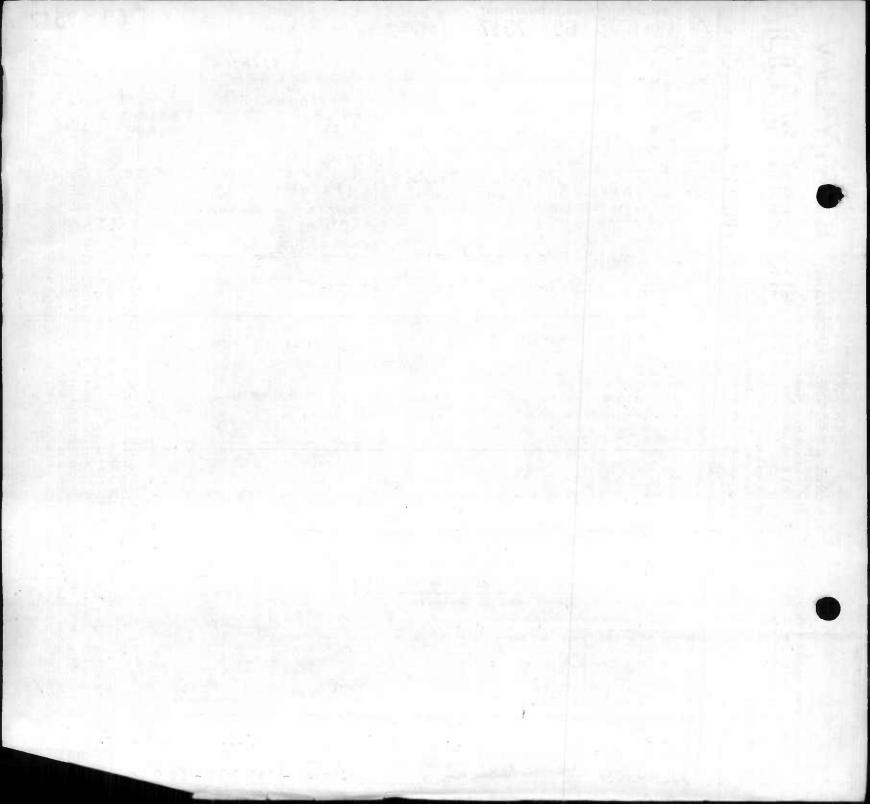


S-530 BALTIMORE CITY						co	ME 40
MEDICAL EXAMINER	R'S CE	RTIFI	CATE OF	DEAT	TH REG. NO.	69	7546
BIRTH NC.  1. NAME OF DECEASED	llo.	DATE	Y	** 1			
(Type or Print)	,	OF	Known 🖾	Month	Doy	Yeor	Hour
Samuel Leon Smith  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		DEATH	Estimated L	14 sl	-	V	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3.		UNCED DEAD	Manth	Day	Yeor	Hour
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				7	25	69	6:35p.
2.3	5. A.	USU AL R	ESIDENCE (Where	deceased	lived, If institution: B. COUNTY	residence	before odmission)
Hopkins Hospital			Maryland				X 73
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	IED C.	CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?	
male colored WIDOWED DIVORCE	ED 🔲		Baltimore		VE	S	NO 🗆
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr. II Under 24	24 Hrs. E.		ND NUMBER		,		
6-13-40 last birthday) Manths, Days, Hours	Min.		1428 Edisc	n Ukres			
11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF	13.	FATHER		nwy	•		
WHAT COUNTRY?	?	_		. ,			
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDU	DUSTRY 15	>2 N	P'S MAIDEN NAM	15th			
ane during mast of warking lile, even if retired)		2 1	, ,				
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	10	-e/1	2 LZW	ren	20	Dages	
Yes, na ar unknawn) (if yes, give war ar dates of service) SECURITY NO.	10.	INFOR	MANI		AD	DRESS	
Ves 1958-1962, 2/3-36-32		elia.	L. Snith.	1829	W.1326		12/223
19. CAUSE OF	OF DEATH						PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	DIATE CALIS	SE CIT	nshot wour	d of	hoad		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	TO, OR AS A	CONSEQ	UENCE OF:	IG OT	nead		hinimih masi q a t a d c-c
Injury or complication which caused death.)							
ANTECEDENT CAUSES  (B)  DISEASES OF CONDITIONS IS ANY CIVING	TO OP AS A	CONSE	QUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE	10, 0 k A3 A	COMBE	SOEINCE OF:				
UNDERLYING CONDITION LAST. (c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	ON WAS P	ERFORM	ED			21. AUTO	PSY? (Yes or Na)
0 2							*****
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY	RY (e.g., in a	r about 2	2C. WHERE DID (	il in Baltima	re City, give exoc	t location)	yes
UNDERLYING OR CONTRIB. hame, farm, factory, street,	rei, affice bld	ig., etc.) II	NJURY OCCUR?			8	43
UTING CAUSE OF DEATH.  → 122D. TIME (Month) (Day) (Year) (Haur) 122E.INJURY OCCUR!	199FD	2	1428 Edis				
OF INJURY	NOT WHI	IF					
(AFFROX.) / 25 69 5:55 pm. WORK	AT WORK	B	not self f	ollow	ing argu	ment w	ith wife
23.							
		ATAL	and that on th	is basis,	death in my	pinion	
resulted from: Natural causes Accident Si	Suicide 3	₹ Ho	micide 🔲 🚶	Indetermi	ned manner		
11111111111			CHIEF MEDICAL E	XAMINER			Dire dialies
ACTUAL SIGNATURE WWW. Company	M.D.	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
EXAMINER'S		ASSO	CIATE MEDICAL E	XAMINER			
NAME (Type) Werner U. Spitz, M.D.	I	Deput	y Chief Me	dical	Examine:	r	7/26/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	ETERY or C	CREMATO	RY 24D, I	OCATION	(City, tawn,	ar cauniy)	(State)
REMOVAL (Specily)	11		11/10	_ 1			1-1
TALLY ALL TONAL	1 CEK	rete	ry Vo	2/+	More	1	10,
25A. DATE REC'D BY HEALTH BEPT. 25B, NAME OF REGISTRAR		25C. F	UNEKAL DIRECTO	K	AD	DRESS	
JUL 28 1969 16 Be & Jaben 20	7 /	1 Trans	distal DI	Mick	24315	Olina	rSt.
'S 151-REV. 1/1/68				THE CALL		7/100	
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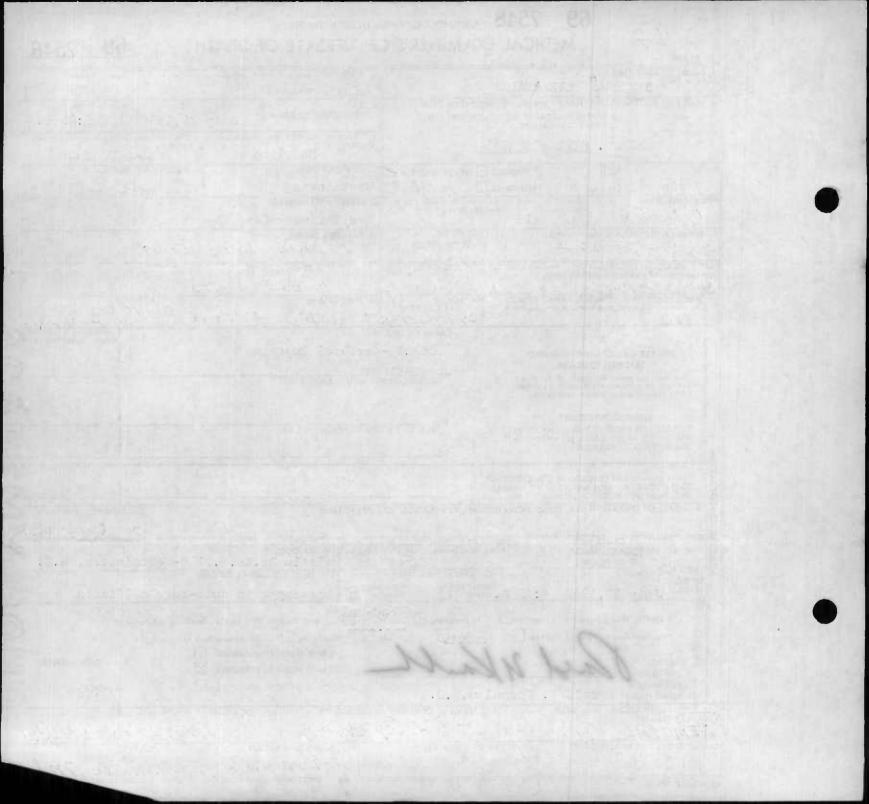
to the hospital by a medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the	dance on the deceased prior to death. Such or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was an equilar attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1143	₹ 0 3

BALTIMORE CITY HEALTH DEPARTMENT	CO MEAN
B-653 69 7547. CERTIFICATE OF DEATH	reg. No. 69 7547
1. NAME OF DECEASED 2. DATE AND HOU	
(Type or Print) MR. JOHN H. BRANDT 7/24/6	//
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased A. STATE 8. COUNTY	sed lived. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN	D. INSIDE CITY LIMITS?
CHURCH HOME & HOSPITAL BALTIMORE	YES NO NO
100 N BROADWAY, BALTO, MD. 21231 E. STREET AND NUMBER 2518 TALBOT RI	۵.
5. SEX 6. RACE W 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE lost birth WIDOWED DIVORCED 7	(In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign count	(12. CITIZEN OF WHAT COUNTR'
done during most of working life, even if retired)  SALESMAN.  BALTIMORE,	
MR. JOHN BRANDT Mrs. NAN G	BRANDT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  UNKNOWN )  16. SOCIAL SECURITY NO.  MRS. MRY J. SIM	nmonds 729 ANNESLIE
18. CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CAUSE	ILUKE +
(This does not meon the mode of dying, e.g., heart failure, astherio, etc. It means the disease,	ART FAILURE
injury or complication which coused death.)	
ANTECEDENT CAUSES  (B)  (B)  (B)	MYOCARDIAL ANOXIA.
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	S
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C)	
UNDEKLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. II	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF    271 A. ACCIDENT WAS UNDERLYING	(II In Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OC	CUR?
While At Not While	
Work AT WORK	7/24 : 69
22. I certify that (I) (this haspital) attended the deceased from 19 69	10
that (I) (we) last saw the deceosed olive an	y) (our) opinion deoth occurred on the do
and hour and from the couses stated abave. (1) (We) (did) (did nat) view the body ofter death.	
23A. SIGNATURE	23 B. DATE SIGNED
C. Chawelit., M.D. Attending Med. Stoff Director Phys.	7/24/69.
23C. PHYSICIAM'S NAME (Type)  23D. ADDRESS  CHURCH HOME	HOSPITAL , BALTIMORE
24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATIO	N (City, town, or county) (State)
Burial Lorraine Park Cemeter Baltin  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	nore County, Md.
JUL 28 1969 Paber E. Jabes M.D. O O Mitchell-Wiedefel	d - 6500



VS 151-REV. 1/1/68

,	D-160	2	69 MED			BALTIMORE CITY				25	DEAT			ėo.	1940	
BI	RTH NC.		MED	(AMINER'S	, ,	EKIIFI	CATE	JF	DEAT	H REG. N	10	03	15	548		
	I. NAME OF DECEASED (Type or Print) BARBARA DEVER EAUX							2. DATE OF	Known [		Month	Doy		Yeor	Hnur	
4.	PLACE IN BAL					UNCED DEAD		DEATH 3. DATE	Estimoted		Month	Doy		Yeor	Hour	М.
FU	LL NAME OF	(IF NO		L OR INS		ON, GIVE STREET			UNCED DEAL	0		7 22,1		100	5:45	P
	NOITUTION	BALTO.			TAT				ESIDENCE (	Where	dece osed li			dence b	efore odm	ission)
-	11		CILL					A. STATE	Mary1	and		B. COUNT	QA.	RRI	014	560
	SEX	7. RACE			_	NEVER MARRIED		C. CITY OR				D. INSIDI	E CITY LI	MITS?		
-	emale		gro	WIDOV				Westmi					YES Z	1	10 🗆	
٧.	DATE OF BIRTH	50	10. AGE (in lost birthday	()	Month	der I Yr. If Under 24 I	Hrs. Min.		AND NUMBI							
-	BIDTUDI ACE (C	Anin an facula		19	10.6	TITEN OF			rivers	Car	np					
	BIRTHPLACE (S	CEOR				ITIZEN OF HAT COUNTRY?		13. FATHER'	RAIN	/ 2	7117	REA	UX			
144	USUAL OCCUI	PATION (Give	e kind of work!	4B. KIND	OF B	USINESS OR INDU	STRY					7	-/(			
don	e during most of w	erking life, ever	en lfretired)			1 + 11-	2.		MABL			A.				
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL	7	18. INFORA			00,47	~	ADDRE	SS		
(Ye	s, no or unknown)	(It yes, give w	vor or dotes o	of service	)	247-92-4	134	LORE	N20 D	EVE	REA	UX 3	6170	ERR	Y 57	
	19.	3 /				CAUSE OF I							£721	APP	ROXIMATE	ACHA INTERVAL
	DISEASE	OR COND	ITION DIREC	TLY		Crani	io-	cerebra	al Inju	ries	3			BEIWE	EN ONSEI	AND DEATH
		EADING TO	DEATH			(A)IMMEDIA										
	heart foilure,	osthenio, etc.	It meons the	diseose,				A CONSEQ	UENCE OF:							
	injury or com	plication which	th coused deo	th.)												
		TECEDENT				(B)	00.									
-	DISEASES C	ABOVE CAL	USE (A) STAT	ING THE		DUE 10,	OKA	S A CONSEC	PUENCE OF:							
3	UNDERLIN	G CONDITI	ON LASI.			(C)										
F	OTHER SIGN	IFICANT CON	II	NTPIRI	TING	7.				-						
문	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL											
CERTIFICATION						VHICH OPERATION	WAS	PERFORM	ED				21.	AUTOP	SY? (Yes	or No)
0	2												ує	yes (Head-Only)		
0	22A. EXTERNUNDERLYING	NAL CAUSE			22B. Pl	ACE OF INJURY (e farm, foctory, street,	office	bldg. etc.)	2C, WHERE I	OID (il	In Boltimo	re City, give	exoct loca	otion)	56	00
宣	UTING CAL	JSE OF DEA	TH.			Stre	eet	Ma	alcolm	Dr.	&U.S. of	#140-W	estmi	inst	er, M	.D.
2	OF INJURY		oy) (Yeor)		14/1	E.INJURY OCCURR			2F. HOW DIE	ונאו כ	JRY OCCI	JR?				
	(APPROX.) July 20,1969 1:45 Am. WHILE AT NOT WHILE AT WORK Passenger in auto-auto collision															
	l certify that I held an Inquiry Inspection (Head-Only) Autapsy and that on this basis, death in my apinian															
	result	ed from: N					icide		micide 🗌			ned manne				
CHIEF MEDICAL EXAMINER																
SIGNATURE ASSISTANT MEDICAL EXAMINER X										NED						
EXAMINER'S ASSOCIATE MEDICAL EXAMINER 7/03/60																
24	NAME (T)	ATION. 2	4B. DATE	KOL		NAME of CEMETE	DV -	CDEMATO	DV	240 14	CATION	100				
RE	MOVAD (Specific	1)	7/21	1/1	3	CT. P. D.	1	1 Qn	7/0-	240, [(	CATION	COO	own, or c	ounty)	(St	ote)
25	DATE REC'D	BY HEALTH D	JEPT -Y	1250/M	ARE	DE BEGISTRAD	- 5	TOHP	115/	FOTO	0	MART	A-HI	TIVEC	CACO	-6
1			Best E.	300	PEAN.	OF REGISTRAR		25C. 5	· E'M			, -	ADDRE	55	-	100
	JULAU	1000 4			-			1	/ NU	jen	11.	west	um	20		



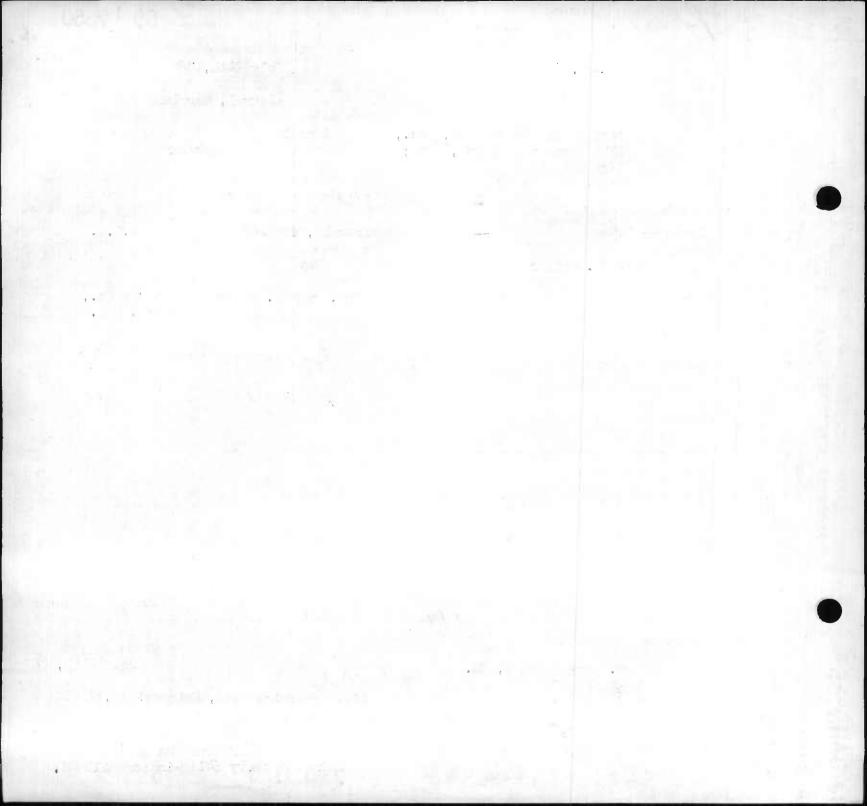
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH pital and of death Deceased Such BIRTH NO hospital an I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (4) Undetermined cause; (5) or cantributing cause ULANG (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Ö HOSPITAL OR ADDRESS OR LOCATION) attend 10 pridr STREET AND NUMBER occurred MONDSON made regular 9. AGE (In years 8. DATE OF BIRTH 6. RACE deceased lost birthdoy hite Feb. 25, 1888 72Male WIDOWED 81 10A, USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) isposition Ξ done during most of working life, even if retired) Office Worker Printing Co. Balto. MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME assistant if John Napfel Mary Koestner death HO T 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final Balto. Md. 21229 SECURITY NO. attendance 3-01-2984-D No any pranounced 18. 0 Also, DISEASE OR CONDITION DIRECTLY embalmed fracture af LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF regular hearl failure, asthenio, etc. Il means the disease, chief medical examiner injury or complication which caused death.) ANTECEDENT CAUSES wha are (3) A DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the = physician UNDERLYING CONDITION lost. before the remains Was (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the ō WAS PERFORMED by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (except where the bady was released to the hospital °Z DEATH (notify medical examined etc.) any nature; appraved by MEDI abtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) At Work pup Work 22. I certify that (I) (this hospital) attended the deceased from 20/69 that (1) (we) last saw the deceased alive an 494 pe eath) accident af hospital and hour and from the causes stated above. (1) (We)((did))(did not) view the body after death. must 23A. SIGNATURE must O Attending Med. 5taff 10 Director L approval O 23C. PHYSICIAN'S 23D. ADDRESS priar certificate t o NAME (Type) An 1011 D.O.A. shaws: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased REMOVAL (Specify) decease July 25, 1969 New Cathedral Cem.
H DEPT. | 258, NAME OF REGISTRAR | 25 Balto. Md. MOS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B. COUNTY D. INSIDE CITY LIMITS YES X NO If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Miss. Caroline Napfel 4404 Adell Terrace APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH milm Months Verrs 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that In(my) (our) opinion death accurred on the date. 23B. DATE SIGNED (City, town, or county) ADDRESS G. Truman Schwab 3512 Frederick Ave. Balto. Md. 100.25, 25.40%

COLEY AND CAROLING SAUTOL 140; chall corves

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	1			BALTIMORE CITY	HEALTH DEPARTMENT		CO MEED
1	-600	69	755	CERTIFICA	TE OF DEATH	REG. NO	69 7550
	NO.		100	0,		ND HOUR OF DEATH	
	or Print)	Mrs. Mar	v Perrv			y 24th, 1969	11.00-A.N
3. PL	ACE IN BALTIM	ORE, MARYLAND, W			LA STATE 8 COLL	NTY	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)				THON, GIVE STREET	C. CITY OR TOWN	urel, Maryle	RING.
Hood Convalescent Home, Inc., 5313 Edmondson Avenue, Balto; Maryland 21229					Laurel		YES NO 🛣
					E. STREET AND NUMBER	Unknown	- Wei V-22
5. SE	x F 6. 1	RACE W	7. MARRIED [ WIDOWED [		8. DATE OF SIRTH 7/18/78	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Maurs Min.
done		(ing life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	In. SIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
13. F/	ATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	Ear	cle C. Walle	er		Way		
15. W (Yes,	os Deceased Every or unknown) (If	yes, give war ar date:	s of service)	16. SOCIAL SECURITY NO.	Mrs. Mary A.	Lacey 32:	ADDRESS 18 Jaw St.,
		No		?		Day	vton. Ohi. 45406
1		OR CONDITION DIR	ECTLY	(A) IMMEDIATE CAL	110	bonny Oce.	BETWEEN ONSET AND DEATH
1	heart failure, ast injury ar camplio	mean the made of thenia, etc. II means cation which caused TECEDENT CAUSES	the disease,		A CONSEQUENCE OF	D	years.
r	ise to the	CONDITIONS, if a bave cause (A)		(8)	A CONSEQUENCE OF:		
≓ I	O THE DEATH 8	II ANT CONDITIONS COPEUT NOT RELATED TO THE	E TERMINAL				
		PERATION 198, CONI WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
0 2	PIA. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING OF calical examiner	21 B. hom etc.)	e, farm, factory, street, of	n or obout 21C. WHERE DID	(If in Baltima	re City, give exact lacation)
A C	OF INJURY APPROX.)	Aonth) (Day) (Year)		INJURY OCCURRED  le At Not White At Work		JURY OCCUR?	
		ot (I) (this hospital		ne deceosed from	1 1	19 67 to 7	19 (P)
			7		iew the body ofter deoth.		2231192 911110 9911
2	3A. SIGNATURE	Dr. Adnan S	phimez, A	B. Atte	nding Med.	Shaff Phys.	July 24th, 1969
2	3C. PHYSICIAN'S NAME (Type	3.1		DEGREE	1011 Frederic	k Road, Cato	nsville,21228
	BURIAL CREMA REMOVAL (Spec		24C. NA	ME of CEMETERY OF CRI	MATORY 24D.	LOCATION (C	ity, town, or caunty) (State)
25	BARAtion	HEALTH DEPT.	25B. NAME 6	enmount	25C. FUNERAL DIRECTO	altimore Ma	ryland ADDRESS
VS 1.5	JUL 28 1	969 (16Ber 8	Valber	(Ma) 0	O Joseph Stans	Oliv Odil MI	ndsor Mill Rd.

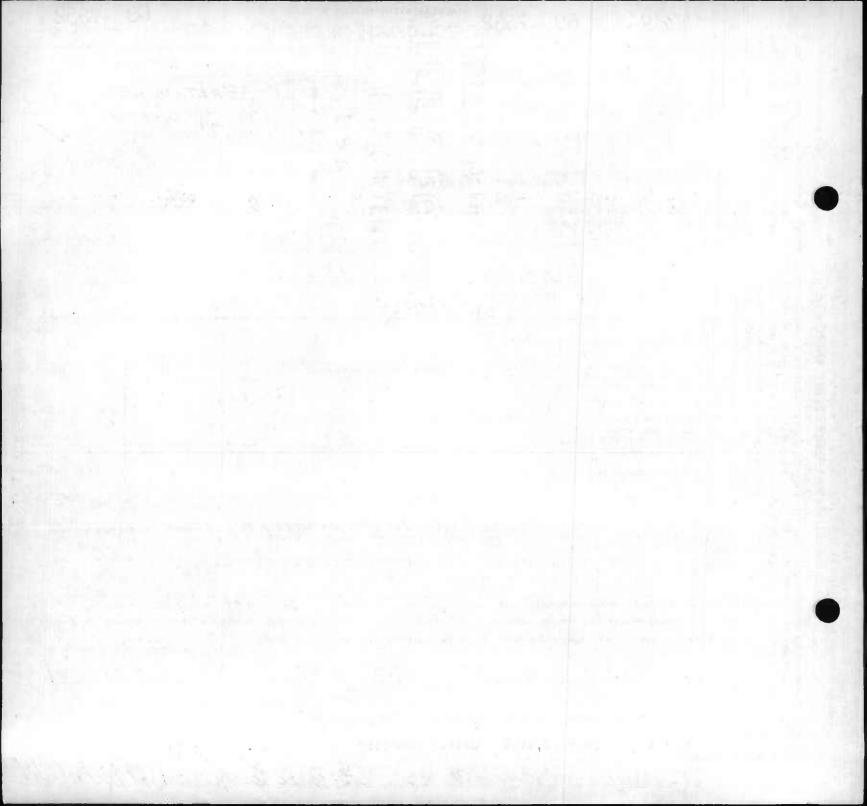


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased Such death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where attendance (2) 9NTcause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR cause; 0 0 D. INSIDE CITY LIMITS? 05074 YES NOK = prior contributing E. STREET AND NUMBER occurred (4) Undetermined de. regular 5. SEX 6. RACE ma MARRIED NEVER MARRIED 8. DATE 9. AGE IIn years eceased If Under 1 Ya If Under 24 Hrs. lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work LOB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, eyen if retired) 0 T 0.5 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME assistant eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war ar doles of service) 6. SOCIAL 17. INFORMANT final ADDRESS SECURITY NO. attendance O -50-3120 any pronounced 18. 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture 1This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, chief medical examiner regular injury or camplication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: (3) rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION last. remains Was Body burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? by a physi WAS PERFORMED Fore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If In Baltimare City, give exact lacotion) the body was released to the hospital MEDICAL °Z bel DEATH Inalify medical examined elc.) obtained 21 D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except OF INJURY While At Not While IAPPROX.) pup Wark At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an eq that in (my) (our spinian death accurred an the date accident of hospital death) and have and from the causes systed above. (If (We) (did) (did not) view the body after death. must 23B. DATE SIGNED 12:300 Attending 0 Med. approval Director 0 25 CI PHYSICIAN'S prior 23D. ADDRESS Ö NAME (Type An was D.O.A. 24A. BURIAL CREMATION, shows: (1) deceased written as 24B. DATE (City, town, or county) REMOVAL (Specify) (State 25A. DATE REC'D BY HEALTH DEP 25C. FUNERAL DIRECTOR ADDRESS. 28 VS 150-REV. 1/1/68

The of medical condition

FUNERAL DIRECTOR: IMPORTANT

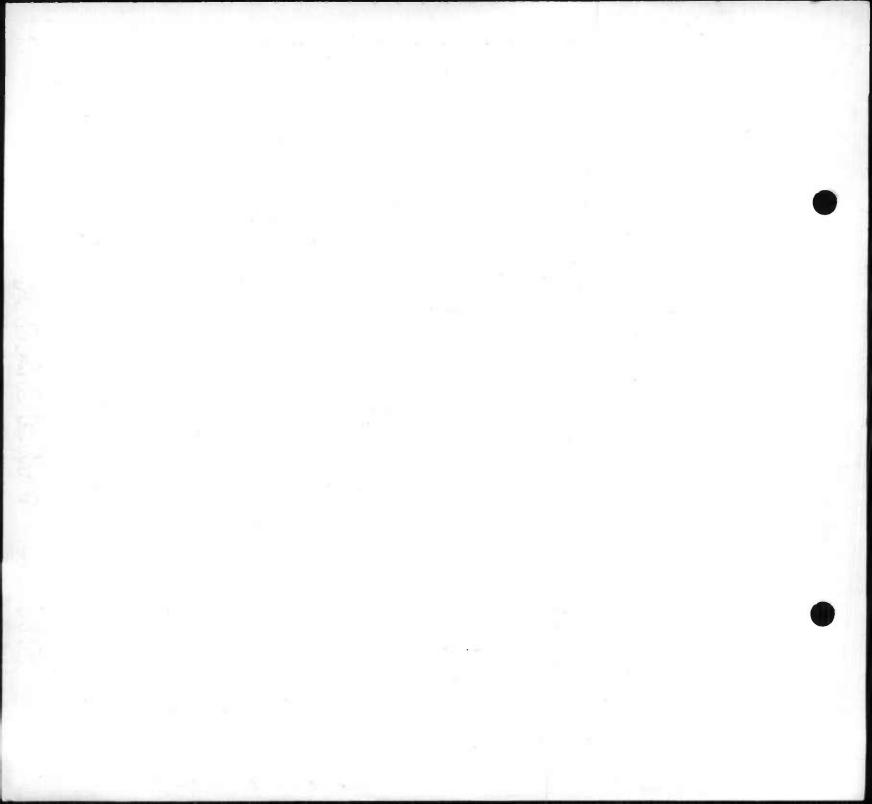
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death etermined cause; (5) Deceased Such NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO therine a hospital eath. 4. USUAL RESIDENCE A. STATE B. C Where deceosed institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND. PRONOUNCED DEAD ance COUNTY A 47 cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF or his D. INSIDE CITY LIMITS HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN attend 0 YES NO 4 tome and Hosp, tal prior E. STREET AND NUMBER contributing occurred disposition is made. regular Il Under 1 %. Months: Doys If Under 24 Hrs. 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE NEVER MARRIED deceased Hours lost birthdoy WIDOWED DIVORCED IGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) Dud 10 Kan Tome ma W as 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct (4) LO death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 2/221 or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any pronounced BETWEEN ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY Also, balmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. It means the disease, examiner regular injury or camplication which caused death.) E ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the u physician UNDERLYING CONDITION last. chief medical the remains medical burns; Was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body CERTIFIC 20A. AUTOPSY? (Yes or Na) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before the 6 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °N MEDICAL DEATH (notify medical examined nature; by obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While approved (except While At (APPROX.) At Work pup Work any 22. I certify that (1) (this haspital) attended the deceased fram May -22 death); 19 68 that (I) (we) last saw the deceased alive an and that in (my) (aur) apinian death occurred on the date pe of hospital and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after deoth. must accident was release 23A. SIGNATURE 23B, DATE SIGNED This certificate must Attending Phys. Med. Staff 40 Director L approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to An nuch was D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY deceased the body REMOVAL (Specily) written shows: Burial July 23,1969 Olivet Cemetery St. Michaels, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR UNERAL DIRECTO VS 150-REV. 1/1/68



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIR	K-532 69 755	- 0	TE OF DEATH	X REG. NO	69 7553			
(Ту	PLACE IN BALTIMORE MARYLAND, WHERE PRON	OUNCED DEAD	a	ND HOUR OF DEATH  7 20 69 ere deceosed lived. If ins	stitution: residence before admission)			
HC	LL NAME OF SPITAL OR ADDRESS OR LOCATION) THUTION		C. CITY OR TOWN	1. 1. 1. INSI	DE CITY LIMITS?			
2)	Us Public Health &	ervice (195)	E. STREET AND NUMBER	rby	YES NO			
5. \$	C MARRIEL		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.			
10A	USUAL OCCUPATION (Give kind of work 108, KIND C		11. BIRTHPLACE (State or Jon	eign country)	12. CITIZEN OF WHAT COUNTRY?			
gon	during most all working life, even il retired)		· Wi Va		USA			
13.	ATHER'S NAME	- A	14. MOTHER'S MAIDEN NA	ME	. \			
15.	Ves Deceased Ever in U. S. Armed Forces?	11 6. SOCIAL	Dorce 17. INFORMANT	othy Oa	Tes			
(Tes	no or unknown) (If yes, give war ar dates at service)	234=64-301	? cha	rt	ADDRESS			
	18. 172,91	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C	1	BETWEEN ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:							
	ANTECEDENT CAUSES	(a) Mal	ignant m	elanoma	2 455			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last,	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************				
NOIT	 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	# left	- lower lob	e preuma	wa deus			
RTIFIC	PA-DATE OF OPERATION 178 CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED SES OF DEATH?			
CAL	DEATH (notily medical examined)	B. PLACE OF INJURY (e.g., in ne, form, lactory, street, off J	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II In Baltimare	City, give exact lacotion			
MED	APPROX.)	LINJURY OCCURRED hile At Not While	21F. HOW DID INJ	URY OCCUR?				
	2. I certify that (1) (this hospital) attended to		JW 18	1969 to Ju	20 1000			
1	hat (1) (we) last saw the deceased alive on	7/20/69	19and th		an death accurred an the date			
and have and from the causes stated abave. (i) (We) (did) (did nat) view the bady after death.								
	P-to 0 Ph. 050	Atten	ding Med.	Staff [77]	23 B. DATE SIGNED			
3	3C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L	Phys. L	7/21/67 Pro Oto 14/0			
24A.	BURIAL CREMATION, 248, DATE 24C.N	AME of CEMETERY OF CREA	MATORY 24D. LO	OCATION (City.	town, or county) (State)			
254	Burial 7/22/69 1	Yt. Zion Cem	etery Au	gusta, We				
	DATE REC'D BY HEALTH DEPT. 258. NAME. 128. N	OF REGISTRAR	25C. FUNERAL DIRECTOR	0.30	ugusta, W Va.			



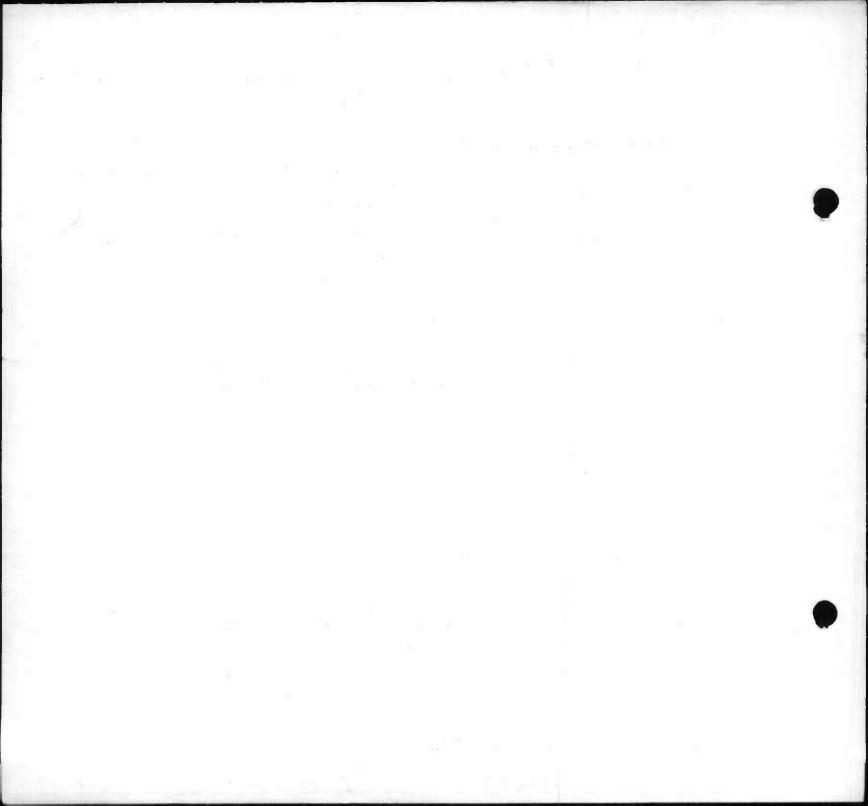
Q-200	69 7554	BALTIMORE CITY HEALTH DEPARTMENT
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NIO	00	100

PI	PTU NO	WI	DICAL I	EXAMINER'S	LEKTIFIC	LATE OF	DEAT	H REG. NO	63	1004	±	
=	NAME OF DEC	FASED			2. DATE	v 5	14 .1			1		
	pe or Print)		S C. REI	D	OF DEATH	Knawn	Manth	Day	Yeor	Hnur	м.	
1		TIMORE, MARYLAND			3. DATE	NCED DEAD	Month	Day	Year	Hour		
H	ILL NAME OF DSPITAL R INSTITUTION	ADDRESS OR LO	CATION)	TION, GIVE STREET		SIDENCE (Where	July	20, 1969			A. M.	
(	00 2:	331 Jeffers	on Stree	t	A STATE	Maryland		B. COUNTY	1 Calcente	60:	3	
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED					TOWN		D. INSIDE CIT	Y LIMITS?			
	Male	White	WIDOWED	DIVORCED [	1	Baltimore		YE	s 🗌	No 🗆		
9.	OCT. 19	last birth	(in years II Mo	Under 1 Yr. If Under 24 Hrs. Inlhs   Days   Haurs   Min.	110	ND NUMBER	erson	Street				
11,	BIRTHPLACE (S	idle or fareign country	1) 12.	CITIZEN OF WHAT COUNTRY?	13. FATHER	NAMEO	- 1 0	Di:	1			
1.44	MSUAL OCCU	er ou	· ULAS KIND O		Um	Caw	ala	Mu	a			
dar	Juring maslow	orling life, evilled in	ed)	BUSINESS OR INDUSTR	1 13. MOTHER	WILL.	ME					
		ED EVER IN U.S. ARM (Il yes, give war ar dal		17. SOCIAL SECURITY NO.	18. INFORM		435	MAYIS	DORESS	Rd		
	19.	SE 5/1		CAUSE OF DEA	TH /		<u> </u>	1.4000		PPROXIMATE INT		
	DISEASE	E OR CONDITION DI	RECTIV	Arterios	clerotio	cardiova	ascula	r diseas		VEEN ONSET AN	ID DEATH	
	LEADING TO DEATH  (A)IMMEDIATE CAUSE											
	heart failure,	of mean the made of asthenia, etc. It means plication which caused	the disease.		AS A CONSEQ	JENCE OF:						
	AN	ITECEDENT CAUSES		(0)								
	DISEASES O	R CONDITIONS, IF A	NY, GIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:						
Z	UNDERLYING CONDITION LAST											
10		11		•								
CERTIFICATION	TO THE DEA	IFICANT CONDITIONS TH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERMINA	3 L								
RT				R WHICH OPERATION W	AS PERFORM	ED.	21. AUTOPSY? (Yes or No					
	2									Yes		
MEDICAL		NAL CAUSE WAS	228	PLACE OF INJURY (e.g.,	in ar about 2	C. WHERE DID	(11 in Saltima	re City, give exac	t lacation)	100		
EDIC		☐OR CONTRIB- JSE OF DEATH.	non	ne, larm, factory, street, affic	e bidg., etc.) in	DUKY OCCUR?						
Σ	OF INJURY	Month) (Day) (Y	'ear) (Haur)	22E. INJURY OCCURRED		F. HOW DID IN	JURY OCC	UR?				
	(APPROX.)		m,	WHILE AT WORK AT W	WHILE ORK							
	23.	fy that I held an	Inquiry 🗌	Inspection Au	tapsy X	and that an th	ste baete	deoth in my o	alalan			
		ed from: Natural c	871	Accident Suicid				ned manner	-			
		10	0	1-	3	HIEF MEDICAL E						
ACTUAL SIGNATURE LEAST ASSISTANT MEDICAL EXAMINER X										DATE SIGN	ED	
	EXAMINE NAME (T)	R'S Charle	s S. Spr	ingate, M.D.	ASSO	CIATE MEDICAL E	XAMINER	□ Ju	ly 20.	, 1969		
24 RF	A BURIAL CREM	/P~/		4C. NAME OF CEMETERY	ar CREMATO	RY 240.	LOCATION				.)	
1	July	al 71	164	Imma	113108	lan,	15700	In n	ed	7.00		
25	A. DATE REC'D	BY HEALTH DEPT.	1 000	E OF REGISTRAR	25 C. F	INERAL/DIRECTO	OR	, AD	DRESS//		-	
	JUL 281	1909 Tabert	E. Jaber	MD O	0	Adala	May	u lotto	7/4	WIR	l	
VS	151-REV. 3/1/68			-						1)	<del>-</del>	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

- [	DE CONTRE BALTIMORE CITY	HEALTH DEPARTMENT	0 8/2-5
	BIRTH NO. 69 7555 CERTIFICA	TE OF DEATH REG. NO.	9 7555
- }	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	MLICE I'I. GAINOR	JULY 21 1969  4 USUAL RESIDENCE (Where deceased weed. If institution:	12:31 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased wed. If institution: A. STATE B. COUNTY	residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD.	1301
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY I	
	MARYLAND GENERAL HOSP.	E. STREET AND NUMBER	NO
	70	LAKE DRIVE NURSING	HOME
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years if Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	10-14-11 89	
	done during most of working life, even if relired)		IZEN OF WHAT COUNTRY?
	BOX MAKER	BALTO. MD.	U.S.A.
	EDWARD GAINDR		
	15. Was Deceased Ever in U. S. Armed Forces? 14es, no or unknown! Ut yes, give war or doles of service!  SECURITY NO.	EMMR HAGARD	ADDRESS
		M F	
	18.   2/3 54 / 739	MRS. Fishpaw 415 N. Bend K	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
		ISE TRANSITIONAL CELL A CONSEQUENCE OF:	/ MONTH
	heart tailine astheria etc. Il means the disease	NOMA OF BLADDER	
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
	rise to the obove cause IA) stating the UNDERLYING CONDITION tost. (C)		
	z 11		
	O TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	ODISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS	CONSIDERED
	WAS PERFORMED WHICH OFEKATION	NO IN CERTIFFING CAUSES OF	DEATH?
	OR CONTRIBUTING CAUSE OF OF CONTRIBUTING CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID (If In Boltimore City, giving bidg., INJURY OCCUR?	e exoct location)
	DEATH (notify medical examined		
	₹ (APPROY) While At   Not While	21F. HOW DID INJURY OCCUR?	
	Work L At Work		
	22. I certify that (t) (this haspital) attended the deceased fram that (t) (we) lost saw the deceased alive on 7 - 2/		
	and haur and from the couses stated above. (1) (We) (did) (did not) v	,,	h accurred on the date
	23A. SIGNATURE	23 B, DAT	E SIGNED
	Atter  23C/PHYSICIAN'S  NAME (Type)	ding Med. Stoff Phys. 7-	- 21-69
	23C/PHYSICIAN'S DEGREE 2	3D. ADDRESS	
	JEAN M. JACKSON, MS. DEGREE	M-6. H. Jonden WE. Ba MATORY 24D. LOCATION (City, town, o	ets., md. 2120
	24A. (URIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, o	/
	ZSA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125C FUNERAL DIRECTOR	ADDRESS
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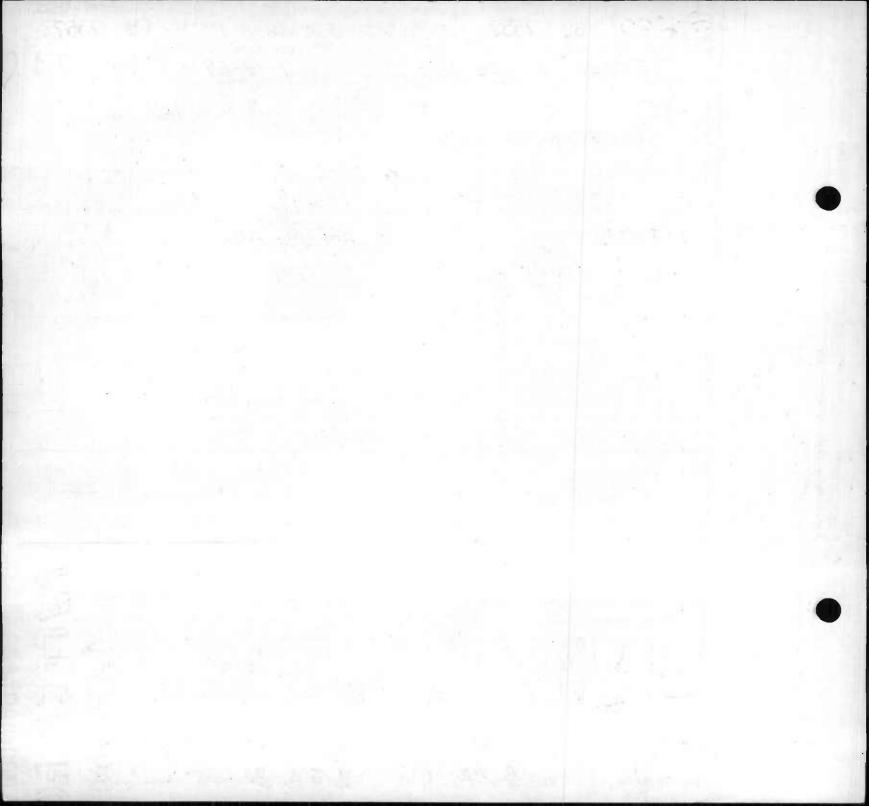
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death occurred in a hospital and	t or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	as in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	/
or his assistant if	Also, if the direc	e of any kind; (4)	nounced death w	attendance on th	med or final dispo	
ical examiner o	cal examiner.	ns; (3) A fracture	ician who pron	as in regular c	ains are embalr	
by the chief med	oital by a medic	re; (2) Body burn	where the physic	No physician w	d before the rem	
st be approved	ased to the hosp	lent of any natu	spital (except	death); and (6)	nust be obtained	
This certificate mu	the body was rele	shows: (1) An accid	was D.O.A. at a he	deceased prior to	written approval n	

This cortific

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR DE DEATH 2 4. USUAL RESIDENCE (Where deceased fived. Il institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMPS? YES P NO E. STREET AND NUMBER enne 5. SEX 9. AGE (In years If Under 1 Yr. | | Under 24 Hrs. Months! Doys | Hours | Min. MARRIED NEVER MARRIED WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ) 1. BIRTHPLACE (Stole of loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIF MARYLAND 14 MOTHER'S MAIDEN NAME (Seurce / Mers 10 ac 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no ge unknown) (If yes, give war or doles of service) mers 1 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. VO me 18. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, w nema injury at camplication which caused deoth.) erush un ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (il in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined elc.) 21D. TIME OF INJURY 1Month) 1Doy) (Year) Houd 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED While At Not While (APPROX) Work At Werk 22. I certify that (1) (this hospital) attended the deceased from that (1) (wa) last saw the deceased alive on. and that In(my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (We (did) (did nat) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending [ Med. Director L 23 C. PHYSICIAN'S Phys. 23 D. ADDRESS NAME (Typel deceased privaten appr NAME of CEMETERY of CREMATORY
Gardens of Faith Cemetery 24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify) 24D. LOCATION (Stote) Baltimore, M'ryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT 7557 REG. NO. CERTIFICATE OF DEATH 0 Such death Deceose I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) a uo SEI o hospital deoth. of 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendonce A. STATE 110. (2) ALTO couse (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN conse; HOSPITAL NO YES SECOUR prior STREET AND NUMBER contributing occurred etermined mode. regulor S. SEX B. DATE OF BIRTH 9. AGE (In years It Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED deceased Hours lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even it retired) (4) **Und** ETIRED 0 Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct HENRY KETTLER Was Deceased Eyer in U. S. Armed Forces deoth uo kind; final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ottendonce any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of toute edem LEADING TO DEATH (A)IMMEDIATE CAUSE frocture (This daes not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embai heart failure, asthonia, etc. It means the disease, gulor xominer. injury or complication which caused death,) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 9 ore DISEASES OR CONDITIONS, if ony, giving 3 rise to the above cause (A) stoting the ears physicion UNDERLYING CONDITION lost, the remoins medical medicol WOS ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body chief N 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the ERTIFI O WAS PERFORMED before (2) the Ü 21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID in Baltimore City, give exact location where home, form, foctory, street, office bldg., INJURY OCCUR OR CONTRIBUTING CAUSE OF hospital OZ. DEATH (notify medical examiner) noture; obtained MEDI 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY approved (except White At Not While (APPROX.) oud Work At Work to the ony 22. I certify that (I) (this haspital) attended the deceased from 19 and that in (my) (our) opinion death accurred an the date that (I) (we) last saw the deceased olive on. pe of deoth) hospital ond haur ond from the Jouses stated abave. (1) (We) (did) (did not) view the bady after death. wos releosed must accident 23A SIGNATURE 238. DATE SIGNED Attending Med Staff Director L 0 Phys. Phys. 6 0 23C. PHYSICIAN'S 23 DADDRESS certificate prior approv NAME (Type ŧ An d DEGREE 24A. BURIAL CREMATION. 24C, NAME of 24D. LOCATION (City, town, 248. DATE CEMETERY OF CREMATORY deceased the body o REMOVAL (Specify) written shows: 0 25B. NAME OF REGISTRAR ADDRESS SD M DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



BIR	SAAF OF BEST	ACED A -		8 CERTIFIC		In DATE ALL			
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FU	LL NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTIT	TUTION, GIVE STREET		and. Ba	Himore.	INSIDE CITY LII	5 3 MITS?
IN	NOITUTION							YES	NO 🗌
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			-			Alabama			
5.	EX	6. RACE		NEVER MARRIED		1	ost birthdoy	If Under Months	Doys Hours
104	USUAL OCCU	WHITE PATION (Give kind of		DIVORCED _			MNHX8:		EN OF WHAT CO
		orking life, even if retir				Virgini			U. S. A.
13.	FATHER'S NAM	\E			14. MOTHER'S	MAIDEN NAM	\E	•	
		rthur Stuar			Mary	Gray			
15. (Ye	Wos Deceosed s, no or unknown)	Ever in U. S. Armed (If yes, give wor or	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	IT			ADDRESS
	No				Duncan	Funeral	Home, T	homas, W	est Virgi
	18. / 5	X		CAUSE OF DEA	ATH			I.	APPROXIMATE INT
	(This does not heart failure, injury or com	LEADING TO DEA of meon the mode osthenio, etc. If me oblication which cou NTECEDENT CAU R CONDITIONS, obove couse ( CONDITION lost.)	of dying, e.g., ons the disease, sed deoth,) SES if ony, giving (A) stoting the	(B)DUE TO, OR	AUSE CANO S A CONSEQUENCE		ESOPH	IAGUS	
NOI	(This does not heart foilure, injury or come A DISEASES Orise to the UNDERLYING	of meon the mode osthenio, etc. It me olicotion which counting the counting of	of dying, e.g., ons the disease, sed death,) SES if any, giving (A) stating the	(B) DUE TO, OR			ESOPH	IAGUS .	
CATION	(This does not heart foilure, injury or community or comm	of meon the mode osthenio, etc. It me olicotion which countries of the cou	of dying, e.g., ons the disease, sed death,) SES  if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A),	(B) DUE TO, OR (C)	AS A CONSEQUEN	ICE OF:			CONSIDERED
RIFICATION	(This does not heart foilure, injury or community or comm	of meon the mode osthenio, etc. It me olicotion which counting the counting of	of dying, e.g., ons the disease, sed death,) SES  if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A),	(B) DUE TO, OR	AS A CONSEQUEN	ICE OF:	ESOPH		CONSIDERED DE ATH?
AL CERTIFIC	This does not heart foilure, injury or command of the UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OR CO.  19A. DATE OF	of meon the mode osthenio, etc. It me olicotion which counting the counting of	of dying, e.g., ons the disease, sed death,) SES  if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED	(B)	AS A CONSEQUEN	PSY? (Yes or No)	208, IF YES, W		
CAL CERTIFIC	OTHER SIGNIFITO THE DEATH DISEASE OF CONTRIBUTION OF CONTRIBUT	of meon the mode osthenio, etc. It me olicotion which countries of the cou	of dying, e.g., ons the disease, sed death,) SES  if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED	(B)	20A. AUTO	PSY? (Yes or No)	20B, IF YES, W IN CERTIFYING	VERE FINDINGS	
AL CERTIFIC	OTHER SIGNIFITO THE DEATH DISEASE OR CO.	of meon the mode osthenio, etc. It me olicotion which countries of the cou	of dying, e.g., ons the diseose, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR PERFORMED	(B)	20A. AUTOI  ", in or obout 21 C. office bldg., INJU	PSY? (Yes or No) WHERE DID RY OCCUR?	20B, IF YES, W IN CERTIFYING	VERE FINDINGS	
CAL CERTIFIC	(This does not heart foilure, injury or command to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CONTRIBUTION OR CONTRIBUTION THE OF INJURY (APPROX.)	of meon the mode osthenio, etc. It me olicotion which countries of the cou	of dying, e.g., ons the diseose, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR PERFORMED  IG 21 hor etc.	(B)	20A. AUTO	P5Y? (Yes or No) WHERE DID RY OCCUR?	20B, IF YES, W IN CERTIFYING	VERE FINDINGS	e exoct locotion)
CAL CERTIFIC	(This does not heart foilure, injury or command to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CONTRIBUTION OR CONTRIBUTION THE OF INJURY (APPROX.)	of meon the mode osthenio, etc. It me olicotion which countries of the cou	of dying, e.g., ons the diseose, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR PERFORMED  IG 21 hor etc.	(B)	20A. AUTOI  ", in or obout 21 C. office bldg., INJU	P5Y? (Yes or No) WHERE DID RY OCCUR?	20B. IF YES, WIN CERTIFYING  (If in Bol	VERE FINDINGS CAUSES OF E	e exect location)
CAL CERTIFIC	(This does not heart foilure, injury or command to the command to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A.DATE OF CONTRIBUTED OR CONTRIB	of meon the mode osthenio, etc. It me osthenio, etc. It me ostate the country of	of dying, e.g., ons the disease, sed deoth,)  SES  if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED  GO (Hour) 21E W.W.W.W. (Hour) 21E W.W.W.W.W.W. (Hour) 21E W.W.W.W.W. (Hour) 21E W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.	(B)	20A. AUTOI  "in or obout 21C. office bldg., INJU  21F. I	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	20B. IF YES, WIN CERTIFYING  (If in Bol	/ERE FINDINGS CAUSES OF E	e exect location)
CAL CERTIFIC	(This does not heart foilure, injury or command to the UNDERLYING OTHER SIGNIFIT OTHE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	of meon the mode osthenio, etc. It me osthenio, etc. It me ostate the country of	of dying, e.g., ons the disease, sed deoth,)  SES  if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED  GO (Hour) 21E W.W.W.W. (Hour) 21E W.W.W.W.W.W. (Hour) 21E W.W.W.W.W. (Hour) 21E W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, lorm, foctory, street, i)  E. INJURY OCCURRED hile At Not Work  At Work  The deceased from 7./2 4.  (I) (We) (did) (did not	20A. AUTO	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	208. IF YES, WIN CERTIFYING  (If in Bol  JRY OCCUR?  9 6 9 to	/ERE FINDINGS CAUSES OF E	h occurred on t
CAL CERTIFIC	(This does not heart foilure, injury or command to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBU DEATH (notify 21D.TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond haur and 23A. SIGNATURE OF INJURY (APPROX.)	of meon the mode of the mode o	of dying, e.g., ons the disease, sed deoth,)  SES  if ony, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED  GO (Hour) 21E W.W.W.W. (Hour) 21E W.W.W.W.W.W. (Hour) 21E W.W.W.W.W. (Hour) 21E W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, form, foctory, street, ork)  E. INJURY OCCURRED hile At  Not Work  At Work  At Work  At Work  (I) (We) (did) (did not Me)	20A. AUTOI  a, in or obout 21C. office bldg., INJU  21F. I hile 7 19 6 5 view the body  thending hys.	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	20B. IF YES, WIN CERTIFYING  (If in Bol	/ERE FINDINGS CAUSES OF E	e exect location)
CAL CERTIFIC	(This does not heart foilure, injury or command to the command to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A.DATE OF CONTRIBUTED OR CONTRIB	of meon the mode of the mode o	of dying, e.g., ons the disease, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED  IG 211 hor etc.  will will be a seed a live on stoted obove. (	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, lorm, foctory, street, i.)  E. INJURY OCCURRED hile At Not Work  The deceased from 7/2 4  (1) (We) (did) (did not DEGREE P	20A. AUTOI  ", in or obout 21C. office bldg., INJU  21F. I	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	208. IF YES, WIN CERTIFYING  (If in Bol  JRY OCCUR?  9 6 9 to	/ERE FINDINGS CAUSES OF E	h occurred on t
MEDICAL CERTIFIC	(This does not heart foilure, injury or command to the command to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTED OR CONTRI	of meon the mode osthenio, etc. It me osthenio, etc. It me olicotion which countries the countries of the co	of dying, e.g., ons the diseose, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR PERFORMED  IG 211 hor elcent (A) and the condition of	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, lorm, foctory, street, i.)  E. INJURY OCCURRED hile At At Work  A	20A. AUTO  a, in or about 21C. office bldg., INJU  21F. I hile 7 9 1965 view the body  thending [] 23D. ADDRESS	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU	208. IF YES, WIN CERTIFYING  (If in Bol  JRY OCCUR?  9 6 9 to	/ERE FINDINGS CAUSES OF E	h occurred on t
MEDICAL CERTIFIC	(This does not heart foilure, injury or command to the command to	of meon the mode of the mode o	of dying, e.g., ons the disease, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 [A].  CONDITION FOR PERFORMED  IG 211  hor etc  with the decorate of th	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, form, foctory, street,)  E. INJURY OCCURRED hile At Not Work At Work  At Work At Work  The deceased from 7/2 4  (I) (We) (did) (did not DEGREE P	20A. AUTO  a, in or obout 21C. office bldg., INJU  21F. I hile 7 9 19 6 9 view the body  Attending hys.  23D. ADDRESS  EE CREMATORY	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU  ond the ofter deoth.  Med. Director	20B. IF YES, WIN CERTIFYING  (If in Bol  JRY OCCUR?  9 6 9 to	PERE FINDINGS CAUSES OF CAUSES OF COMMENTS CITY, give	th occurred on the SIGNED / 25/65°
MEDICAL CERTIFIC	(This does not heart foilure, injury or command to the command to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUTED OR CONTRI	of meon the mode osthenio, etc. It me osthenio, etc. It me olicotion which countries the countries of the co	of dying, e.g., ons the disease, sed deoth,)  SES  if ony, giving (A) stoting the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR PERFORMED  IG 211  hor etc  www.  ital) attended to sed alive on  stoted obove. (  AMA 26.  24C. N  —69 Ro	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, lorm, foctory, street, i.)  E. INJURY OCCURRED hile At At Work  A	20A. AUTOI  "in or obout 21C. office bldg., INJU  21F. I  hile  7  9  19  20 A. AUTOI  21F. I  hile  21F. I  AUTOI  AU	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU  ond the ofter deoth.  Med. Director	20B. IF YES, WIN CERTIFYING  (If in Bol  URY OCCUR?  9 6 9 to	/ERE FINDINGS CAUSES OF E	th occurred on the SIGNED

12 24

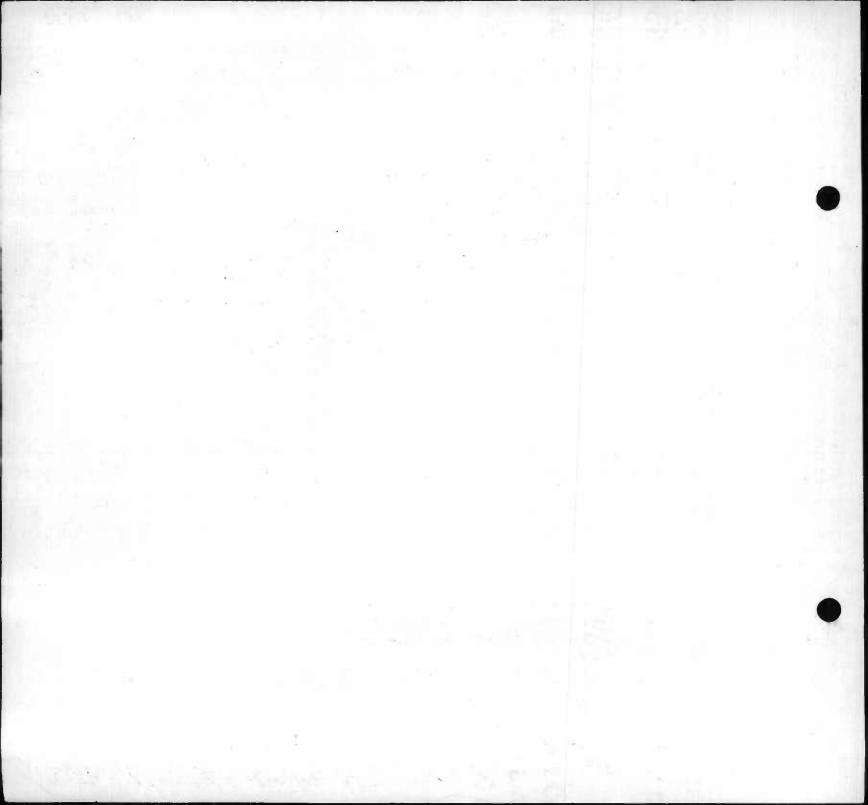
Description of the Committee of the Comm

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VS 150-REV.

1	BALTIMORE CITY HEALTH DEPARTMENT 59 7559
ب	BIRTH NO. 69 7559 CERTIFICATE OF DEATH
Suc	1. NAME OF DECEASED (Type or Print) Fred . Halfman 1, Luly 24, 1969 745 P.M.
ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where Decosed lived, If institution: residence before odinission)  A. STATE  COUNTY
o de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  OC. CITY OR TOWN  D. INSIDE CITY LIMITS?
÷	Harbar View Kellsing Home Calto YES NO
prior	1213 Light St 920 M. Calvert St
	7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDO SEP Darate WORCED 7/22/1900 9. AGE (In years lost birthdox) Months: Doys Min.  Wild Sep Darate Work of Birth Win.
deceased tion is ma	tion. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country)  done during most of working life, even if refired)  Truck driver Manager - Boarding Home bracklyn, N. 4.  4, 5, A
he	13. FATHER'S NAME  Ly level John Haffman S, 14. MOTHER'S MAIDEN NAME. Freudesvalle
al dis	15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) 132 - 07 - 5172 Sister) Mis, agrees Banks 153 W 179/hb.
ance c	132-07-51721 SUSLEY) TO BEAUTH APPROXIMATE INTERVAL
enda d or	DISEASE OR CONDITION DIRECTLY
atte	(A) IMMEDIATE CAUSE  (This does not meen the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:
bal	heort foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.)
egul	ANTECEDENT CAUSES (B)
in r s are	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above couse (A) stoling the UNDERLYING CONDITION tost.  (C)
ın was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Phaheter halleting
0	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    IN THE DEATH BUT NOT RELATED TO THE TERMINAL   IN THE DEATH BUT NOT RELATED TO THE TERMINAL   IN THE DEATH BUT NOT RELATED TO THE TERMINAL   IN THE DEATH BUT NOT RELATED TO THE TERMINAL   IN THE DEATH BUT NOT RELATED TO THE TERMINAL BUT N
ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
No ph befor	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
(6) h	OF INJURY  (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
nd (	(APPROX.) Work At Work
obo	22. I certify that (1) (this two-pital) attended the deceased from fune 3 1969 to 29 1969, that (1) (was) lost sow the deceased alive on 1969, 24 1969 and that in (my) (was) opinion death occurred on the date
<b>P</b> 9	ond hour ond, from the couses stoted above. (+) (We) (did) (did see) view the bady after death.
death) must be	23A. 51GNATURE 23B. DATE/SIGNED 23B. DATE/SIGNED
	Director Phys. Director Phys. Director Phys. 23D. ADDRESS
pro	MAME (Type) ALEUIZATOS, M.D. 1209 St. Paul St. Belts, mel 2120
d pa	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
eas	Burial 7-28-69 Woodlawn Cemetery Bronx, New York
deceased prior to written approval	JUL 28 1969 Paber 8, Valley M. C. D. Derson 1969 Property Hts Syenue



	in a hospital and grause of death use; (5) Deceased trendance on the re to death. Such	810
	death occurred in tor contributing Undetermined coras in regular at the deceased priosition is made.	1 1 0
IMPORTANT	or his assistant if Also, if the directed any kind; (4) nounced death wattendance on the	100
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be appr the body was released to th shows: (1) An accident of an was D.O.A. at a hospital (e) deceased prior to death); a written approval must be ob	

	1 00 1		CO 12	-00	BALTIMORE CITY	HEALTH D	DEPARTMENT	V	69	7560	
	- 400		69 7	<b>36U</b>	CERTIFICA	TE OF	DEATH	REG. NO			
	TH NO.	EASED						AND HOUR OF DEAT	Н	<u> </u>	
	oe or Print)		C. Cook	Cm.				Ly 23, 1969		1	4.4
3	PLACE IN RAL		C. COOM				RESIDENCE (V	Vhere deceased lived. If	institution:	residence before a	mission)
FU	LL NAME OF	(IF NOT	IN HOSPITAL OR		JTION, GIVE STREET	A. STATE	-	Jan 1	ti	53	08
IN:	SPITAL OR	ADDRES	S OR LOCATION			C. CITY OF	NWOT	D. IN	SIDE CITY I	LIMITS?	
	44	Union	Memoria]	. Hos	pital		imore	R	YES K	NO 🗌	
						6036	Marque	tte Road			
5. 5	EX	6. RACE	7. MA	RRIED	NEVER MARRIED	8. DATE O		9. AGE (In years	II Unde	er 1 Yr. II Under	24 Hrs.
la.		Caucas	ian WID	OWED [			26,1916	lost birthday 52		IZEN OF WHAT C	
dan	e during most of			IND OF	BOSINESS OK INDOSIKI		st Virgi			S.A.	O O I I I I I
	FATHER'S NA	ME				14. MOTH	ER'S MAIDEN N	NAME	1		
	JW G	uy Cook				Na	annie Le	e Bell			
15. (Ye	Was Deceased s, no ar unknown	Ever in U.S.	Armed Forces? war ar dates of s	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORA	MANT	2,6 = 0.0 , 0 = -		ADDRESS	
	Yes	WW 1	L		232-26-6316	Mrs.	May V.	Cook		Same	
	18. //	3.9			CAUSE OF DEATH					APPROXIMATE IN	
	DISEA		ITION DIRECTL	Y	Ar	ute	60 - a de	endial into	. /	11	
	/#1: 1	LEADING TO			(A) IMMEDIATE CAD	JL		andlo 1 mts	vota.	( ~	
	heart failure,	oslhenia, etc	made al dying . Il meons lhe d ch coused death	seose,	DUE TO, OR AS						
		ANTECEDEN:	T CAUSES		Av	Levis	elencia	1 geners/	,	1-24-1	
	DISEASES	OR CONDITI	ONS, if any,	aivina	DUE TO, OR AS	A CONSEQ	UENCE OF:				
	rise to th	e above c	ouse (A) statir	_							
	UNDERLYIN	G CONDITIO	N losi.		(c)						
7		- 11									
TION			ITIONS CONTRIBI								
4	DISEASE OR C	ONDITION GI	VEN IN PART 1 (A)		WHICH OPERATION	120 A A1	JTOPSY? (Yes ar	No) 20B. IF YES, WER	E FINDING	CONSIDERED	
ERTIFIC	IVA. DATE OF	OPERATION	WAS PERFORMI		WHICH OPERATION	20 A. AL	JOPSI: (les ul	IN CERTIFYING C	AUSES OF	DEATH?	
CER.	21 A ACCIDE	NT WAS UND	SERI VING	218	PLACE OF INJURY (e.g., in	n or about 2	No.	) // in Rottim	ore City el	ve exact location)	
CAL	OR CONTRIB	UTING CAU	ISE OF	ham etc.	e, form, foctory, street, al	fice bldg., II	NJURY OCCUR	?	are City, gr	ve exoct locotton)	
5	21 D. TIME OF INJURY	(Month) (D	ay) (Year) (Ha	e) 21 E.	INJURY OCCURRED	2	F. HOW DID	INJURY OCCUR?			
ME	(APPROX.)			Whi	ile At Nat While	e 🔲					
	22. I certify	that (1) (this	<del>s hoopital)</del> atte	nded ti	he deceased fram	8-1	18	19 64 to		5 - 8 19	67.
	that (I) (we)	last saw th	e deceased ali	ve an	5-8	19	69 and	I that in (my) <del>(our)</del> a	pinian de	ath accurred an	the date
	and haur an	d fram the c	ouses stated al	ave. (I	) ( <del>We)</del> (did) (did nat) v	iew the bo	ady after deat	th.			
	23A. SIGNAT	JRE /							23 B, DA	TE SIGNED	
		1	2		Phys	nding	Med. Director	Staff Phys.	Ju.	Ly 24, 196	59
	23C. PHYSICIA	AN'S			" DECKEE	23D. ADDRE					
	NAME (1		ion Paris d	me.tr	W.D.	5211	L Harfor	d Roa d Balt	imore	Maryland	
24/	A. BURIAL CRE	MATION. 248	ion Fried	24C. N	AME of CEMETERY OF CRE	MATORY	240	D. LOCATION	City, town,	or county)	(State)
	Burial	Specily)	7/28/69	T.s.l	eview Memoria	1 Gard	ens F	Baltimore, Ma	rvlan	d	
25/		BY HEALTH			DE REGISTRAR		NERAL DIRECT		3	ADDRESS	
	1111 28		Best E. Ja	0 -	100			Ruck Inc. 5	305 H=	rford Rd.	2127
	JULAU	1707 20	7	1				THO.	207 110	20- 0 100	

(E) . Mair £3, 395; 43. 30 ii 41 51 ii for our fair was page. time a transfer to the 85,1,25,000 noterily the Service And Artist T International Control of the Contr The second second second second second second second The state of the s

	a hospital and cause of death ise; (5) Deceased endance on the to death. Such
•	death occurred in tor contributing Undetermined causes in regular attention is made.
R: IMPORTANT	ier or his assistant if sr. Also, if the directure of any kind; (4) pronounced death war attendance on the balmed or final dispo
FUNERAL DIRECTOR: IMPORTANT	chief medical examination of a medical examination body burns; (3) A fraction physician who physician was in regulative remains are ematins are ematin
. G	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to written approval

	B-1/12 GO	PECA BALTIMORE CIT	Y HEALTH DEPARTMENT		70 PICO4
BIRT	TH NO.	7561 CERTIFICA	ATE OF DEATH	REG. NO	69 7561
1. N	AME OF DECEASED			HOUR OF DEATH	
	BELLISTE	DOMENICO	JULY	23,1969-	// OO P M.
3, 1	PLACE IN BALTIMORE, MARYLAND, WI	TERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whele	deceased lived. If institu	ution: residence belara admission
FU1	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA"	L OR INSTITUTION, GIVE STREET	MARYLAN	P	2742
INS	TITUTION ADDRESS OF LOCA	iiON)	C. CITY OR TOWN		CITY LIMITS?
W	UNION MEMORIAL	L HOSPITAL	E. STREET AND NUMBER	YI	NO NO
11/	70.00			FORD RO	OTH D
5. S	EX 6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.		
	MW	WIDOWED DIVORCED	08-07-77 los	t birthday).	Under 1 Yr. If Under 24 Hrs. onlins Doys Hours Min.
IOA,	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired)	OR KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
		Mason	ITALX		415
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	JOSEPH E	BELLISTRI	D. APD	OLINIA	
15. V (Yos,	Vos Deceased Ever in U. S. Armed Force, no ar unknown) (If yes, give war or dates	16. SOCIAL	17. INFORMANT		ADDRESS
	NO	2-18-01-793	-A UPS / ENIA	KOENIG	4921 HARFORD,
	18.	CAUSE OF DEAT	H 170.00101	PUC 101G	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRE	CTLY	0	4-16	BETWEEN ONSET AND DEATH
	This does not mean the made of	(A) IMMEDIATE CA	USE PULLYONARY	GOEMA	
H I	heart failure, osthenio, etc. It means the injury or complication which caused d	he disease	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES		(GESTIOG HEAR	T MOULIE	
	DISEASES OR CONDITIONS, if on	(8)	A CONSEQUENCE OF:	1 PARCOR	
II I	rise to the obove couse (A) s UNDERLYING CONDITION lost.	sloling the	Heros Clerofic	16. 1 Dec	
-	ONDERLING CONDITION IOSI.	(C)			7
NO	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING 118EL	11A Care	noma of F	water 1 10.1
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).	11/2	To The Control	YPV
CERTIFICATIO	9A-DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIND	INGS CONSIDERED
E 2	PIA ACCIDENT WAS LINDED VINGET	218 81 4 05 05 10 10 10 10			
A	PIA. A CCIDENT WAS UNDERLYING CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, farm, factory, street, a etc.).	flice bldg., INJURY OCCUR?	(If In Boltimore Cit	y, give exoci localian)
2		(Hour 21E INJURY OCCURRED			
151	OF INJURY	While At   Not While	21F. HOW DID INJURY	OCCUR?	
l L		Work LJ At Work			
	2. I certify that (1) (this hospital)		19 _	to	19
	hot (I) (we) lost saw the deceased		19ond that !	n(my) (our) apinion	death occurred on the dote
2	and hour and from the couses stated	d obove. (I) (We) (did) (did not) v	few the bady after deoth.		
	Victorino S	Athe	nding Med. Stal	. /	DATE SIGNED
2	3C. PHYSICIAN'S	DEGREE PRY	Director Phy 23 D. ADDRESS	الدا ,ه	July 25/69
	NAME (Typel	o 44 Mh	LIPION MOM	110.00.11	SO BALT Whoul
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of CR	MATORY 24D. LOCA		of), in I living
1	Burial 7/28/69	Holy Redeemer		imore, Mary	wn, or county) (State)
	DATE REC'D BY HEALTH DERT.  2	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	unore, mary.	A DDRESS
		. Jaber, M.D.	Leonard J Huck	Inc. Baltin	
VS 1:	50-REV. 1/1/68				, , , , , , , , , , , , , , , , , , , ,

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FUNERAL DIRECTOR: IMPORTANT	R
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death we	. 3
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 90	0
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	(
prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	

TO MECO	BALTIMORE CITY	HEALTH DEPARTMENT		69 7562	
69 7562	CERTIFICA	TE OF DEATH	REG. NO.	1002	,
BIRTH NO.  1. NAME OF DECEASED	Lee	2. DATE AN	ID HOUR OF DEATH		
(Type or Print) Roto Ben	sie T.	3:3	DAM 24 Jul	21969	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	itution: residence before admiss	sion)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION. GIVE STREET	Marilland	Balti	more 2.70.	2
HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
Sinai Hospital of B	altimou	Baltimo	20	YES NO	
42		E. STREET AND NUMBER	40	1- HIII	
		14611 Han	press 170	LR. 414	
5. SEX 6. RACE 7. MARRIS	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min	Hrs.
Memale White WIDOWEDY	DIVORCED	Jep1. J 1894	114		I T B M a
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)	OZINEZZ OK INDOZIKI		ign country)	12. CITIZEN OF WHAT COUN	TIKT!
Retired Seamstress		Maryland		U.S.A.	
13. FATHER'S NAME	- 9	14. MOTHER'S MAIDEN NA	ME		
Thomas A Thompson			UnKnown		
	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	219-12-9407 A	James D Nolan	204 W.Pa Ave	a Towson Md	
18.	CAUSE OF DEATH	1		APPROXIMATE INTERV	
DISEASE OR CONDITION DIRECTLY	$\Omega$	10. 0 + -a	1 de : 20	BETWEEN ONSET AND DE	EATH
LEADING TO DEATH	(A) IMMEDIATE CAU		Colomina		my
(This does not mean the mode of dying, e.g.,	BUE TO, OR AS	SE A CONSEQUENCE OF:	alignan	cg	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES	(0)				
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(-)				
ONDERENNO CONDINON IGSI,	(C)				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
O THER SIGNIFICANT CONDITIONS CONTRIBUTING   TO THE DEATH BUT NOT RELATED TO THE TERMINAL   J DISEASE OR CONDITION GIVEN IN PART 1 (A).					
19A. DATE OF OPERATION 198. CONDITION FOR WE		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED	
1969 WAS PERFORMED	et unner ake	(22-20) Z	IN CERTIFYING CAL	JSES OF DEATH!	
OR CONTRIBUTING CAUSE OF home.	LACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If In Boltimore	e City, give exact location)	
DEATH (notify medical examiner) etc.)	ioni, rodici, circo y				
21D. TIME (Month) (Doy) (Year) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX.) While	At Work				
22. I certify that (I) (this haspital) attended the			19 69 to Oct	ly 2 4 19 6	21
		1 10		1	1
that (I) (we) last saw the deceased alive an	1	,	at in(my) (aur) apti	nion death accurred an the	date
and haur and from the causes stated above.	(We)-(did) (did nat) v	iew the bady after death.		I	
23A. SIGNATURE	/	nding Med.	Shaff	23B. DATE SIGNED	
1941m air Or	DEGREE Phys	i. Director	Phys.	7-24-69	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 04	2 04	
	DEGREE	Vinai Hospite	el of Ball	Ball Md. 212	15
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, town, or county) (Stor	te)
	don Park	R	altimore, Ma	rvland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
1111 & 8 1969 Vlober E. Varber	6 C. Day	Leonard J Ru	ck Inc. Balt	imore, Maryland	
VS 150-REV, 1/1/6B		7 9 9 6		-	

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BALTIMORE CITY HEALTH DEPARTMENT

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	7-30	0	00		70	CEPT	IFICA	TE OF DEATH	REG.	NO	03	136	3
	RTH NO.	FASED				CLKI	IIICA						
	0.7 4	CH1219	TINE	- <	WE	Mele	12	2. DATE	AND HOUR OF	DEATH		0,00	
3.	PLACE IN BAL			***				4. USUAL RESIDENCE (W.A. STATE B. CO	here deceased I	ved. If instit	ution: res	idence before	admission)
FLHIN	JLL NAME OF OSPITAL OR ISTITUTION				ISTITU	TION, GIVE ST	REET	Maryland C.CITY OR TOWN		D. INSIDE	CITY LIM	261	12
IB	altimore	City H	ospita	ls				Baltimore			ES E	NO	1
4	940 East	ern Ave	nue					E. STREET AND NUMBER			-3	140	
	altimore		and 2	1224				4940 Easter	n Avenue	2122	24		
1	emale	6. RACE Whit	e	7. MARR	_	NEVER MAR	KILD [-	8. DATE OF BIRTH 7-7-92	9. AGE (In y lost birthdoy)	pars I	If Under	Yr. Il Un	der 24 Hrs. Min.
10/	LUSUAL OCCU	PATION Give	kind of wark				NDUSTRY	11. BIRTHPLACE (Stote of Ic	reign country)	<u>'</u>	12 CITIZE	N OF WHAT	COUNTY
do	Machine	Op <b>era</b> to	in it retired)	tire		Dress C		MARYLAND	orgin country,		12. CH12E	U.S.A.	
13.	FATHER'S NAM	A.E.						14. MOTHER'S MAIDEN N	AME			O D D D D	
H	ENRY Sudi	meier						ELIZABETH Z	emke				
15. (Ye	Was Deceased s, na or unknown)	Of yes, give	Armed Fore	es? s of servi	ce)	1 6. SOCIAL SECURITY N	10.	17. INFORMANT	4940 E	ASTERM	AVEN	DDRESS	
	No					215-07-3		BCH: RECORD:	BALTIMO				Λ
	18.	3.01				CAUSE C	F DEATH		200 000 00 000 00	71.23		APPROXIMATE	INTERVAL
		E OR COND		ECTLY				7	h			WEEN ONSET	
	(This does no	t mean the	made at	dvina.	Р. П.		DIATE CAU		- 4NGU	RISM		5 YEA	125
	heart failure, a	shenio, elc.	. If means	the dise	ise,	DUET	O, OR AS	CONSEQUENCE OF:				Munic	THAN
		NTECEDENT						LUETIC F	OZTIT	1 5			2.00
	DISEASES OF	R CONDITION	ONS, if o	ny, giv	ing	(B)T	O, OR AS	A CONSEQUENCE OF:				5 YE1	
	rise to the UNDERLYING	obove co	use (A)	sloling	lho			LUES			1	5 YEA	
		11	1 1034			(c)		*******************************	*************			0 100	
MOIL	OTHER SIGNIFIC	<b>BUT NOT RE</b>	LATED TO TH	F TERMIN	IG AL								
ERTIFICATION	19A-DATE OF	OPERATION	198 CONE	NOTE	OR W	HICH OPERATION	DN	20A. AUTOPSY? (Yes or	10 208, IF YES	WERE FINI	DINGS C	ONSIDERED ATH?	
CAL CE	21A. ACCIDENT OR CONTRIBUT DEATH (notify to	ING   CAU	SE OF -		21 B. P home, etc.)	LACE OF INJU	IRY (e.g., in street, aff	or obout 21 C. WHERE DID	(If In	Boltimare Ci	ity, give a	xoct locotion)	
-	21 D. TIME	Manth) (Da	y) (Year)	(Haud)	21E,	NJURY OCCUI	RRED	21F. HOW DID IN	HURY OCCUR?				
W	OF INJURY IAPPROX.)				While Work	At 🗆	Nat While At Wark						
	22. I certify t	hat HT(this	hospital)	attende	d the	deceased fro		7/23	19 65 to	11		19	169
	that (H) (we) I	ast saw the	deceased	l alive o	ın	7/24		19 69 and 1	hot In(my) (e	wr) opinio	n deoth	occurred on	the date
	and hour and	from the ca	uses state	d above	. (I)	( <del>We)</del> (did) (di	<del>d not)</del> vi	ew the bady ofter death		•			
	23A. SIGNATUR	E				7 9				231	B, DATE S	SIGNED	
	Dun	mes l	J. 7:	Slen	al	MI	Atten Phys.	ding Med. Director	Staff Phys.		7/2	4/69	
	23C. PHYSICIAN NAME (Typ	r's ce)				0	2	BALTIMORE CITY		S			
24A	BURIAL CREM REMOVAL (Sp	ATION, 24B.	EAKLEY DATE	M D 240	, NAA	ME at CEMETER	DECREE	1940 EASTERN AT	TENTIE BAT	TIMORE	MAI	RYLAND ounty)	21224 (Stote)
	Burial		/28/69		5 t. 7	Matthews		D.	altimore	Manus	land		
25A ب ب	: PAY 8598	SHEALTH E	EPT E. V		E OF	REGISTRAR	1	Baltingre, M	R			ADDRESS	
-				1		2 3h. 1 3,2		- and would a all and			- 16		

the boay was rejeased to the hospital by a medical examiner. Also, it the direct or contributing cause of decshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deced was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Swritten approval must be obtained before the remains are embalmed or final disposition is made. contributing cause occurred in This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or continuous released to the hospital by a medical examiner. FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

The form of the same of the sa

		5.9	7564	CERTIFICA	TE OF [		REG.	NO	69	7564	
(Type ar P	OF DECEASED	Edit	h S · Daws		July 24, 1969.						
3. PLACE	ME OF (IF I	A. STATE	<b>/d.</b> 8. COU			Ź	before admission)				
9 ()	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Long Green Nursing Home					C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER					
5 CEY								Green Nursing Home			
Fen	ale Whi	te	WIDOWED	NEVER MARRIED DIVORCED BUSINESS OR INDUSTRY		, 1877		92	Months Days	Haurs Min.	
done during	most of working life OUSEWIFE	e, even il retired)	IUS, KIND OF	POSINESS OR INDUSTRY	ii. sikinrea	Penna			US	WHAT COUNTRY?	
13. FATHE	R'S NAME		-		14. MOTHER	S MAIDEN NA			00 1	₩ W	
2		Edward	0				Lu	су	?		
15. Was D (Yes, na ar	eceased Ever in Unknown) (If yes,	J. S. Armed Ford give wor or dote:	s of service)	6. SOCIAL SECURITY NO.	17. INFORMAL	NT			ADDR	ESS	
No			1	62-24-4078	Mr. Ch	nas. A	Long,	527	Gouche	r Blvd.	
rise UND	ASES OR CON ta The abave ERLYING COND	cause (A)		(C)	A CONSEQUE	NCE OF:	**************************************			~~~~~~~~~~~~	
TO THE	R SIGNIFICANT CO HE DEATH BUT NO SE OR CONDITION DATE OF OPERATI	OT RELATED TO THE	TETERMINAL  T 1 (A).  DITION FOR W	HICH OPERATION	20A. AUTO	DPSY? (Yes or h	No) 208, IF YES	WERE F	INDINGS CONS	IDERED ?	
DISEA DISEA TO THE	SE OR CONDITION	OT RELATED TO THE GIVEN IN PARTITION 198. CONT	TETERMINAL  T 1 (A).  DITION FOR W  FORMED						INDINGS CONSISES OF DEATH		
TO THE DISEA OF CERTIFIC AT CALL OF CERTIFICATION OF	SE OR CONDITIO	OT RELATED TO THE N GIVEN IN PARTION 19B. CONTINUES PERFORMED TO THE CAUSE OF	TETERMINAL  T 1 (A).  DITION FOR W  FORMED	HICH OPERATION  PLACE OF INJURY (e.g., i							
TO THE DISEAU TO	ACCIDENT WAS ONTRIBUTING H (notify medicol  TIME (Month) JURY OX.)	DI RELATED TO THE N GIVEN IN PAR' ION 198. CON WAS PERF UNDERLYING CAUSE OF examiner)	HE TERMINAL T 1 (A). DITION FOR W ORMED  218. F hame etc.)  (Hour) 218. I While Wark	PLACE OF INJURY (e.g., in foctory, street, and injury occurred to the street of the st	n or about 21C. ffice bldg. INJU	WHERE DID JRY OCCUR?	(If in	Baltimare		lacotian)	
TO THE DISEAU OF	ACCIDENT WAS ONTRIBUTING H (notify medicol  TIME (Month) JURY OX.)  certify that (1)	DI RELATED 10 THE N GIVEN IN PARI ION 198. CON WAS PERF  UNDERLYING CAUSE OF exominer)  (Doy) (Year)	HE TERMINAL T   (A). DITION FOR W FORMED  218. F hame etc.)  (Hour) 218. I While Wark	PLACE OF INJURY (e.g., i , larm, foctory, street, a	n or about 21C. ffice bldg. INJU	WHERE DID JRY OCCUR? HOW DID IN	(If in	Baltimare	City, give exoct	lacotian)	
TO THE DISEASE OF THE	ACCIDENT WAS ONTRIBUTING H (notify medicol  TIME (Month) JURY OX.)  certify that (1) (1) (we) last san	DI RELATED 10 11 N GIVEN IN PARI ION 198. CON WAS PERF UNDERLYING CAUSE OF exominet)  (this haspital with decease	HE TERMINAL T   (A). DITION FOR W FORMED  218. F hame etc.)  (Hour) 218. I While Wark ) attended the	NOT White At Work (W.) (did) (did nat)	n or about 21C. ffice bldg., INJU 21F. 21F. 21g. riew the bady	WHERE DID JRY OCCUR?	IJURY OCCUR?	Baltimare	City, give exoct	lacotian)  19.6.9  urred an the date	
TO THE DISEA OF LOT IN THE DISEA OF LOT IN THE DISEA OF IN THE	ACCIDENT WAS ONTRIBUTING H (notify medical LIME (Month) LIME (Month) (I) (we) last same and from the light of	OTRELATED TO THE NIGHT OF THE N	HE TERMINAL T   (A). DITION FOR W FORMED    218. F hame etc.)  (Hour) 218. While Wark ) attended the d alive an ed, above. (1)	PLACE OF INJURY (e.g., in larm, foctory, street, and injury occurred to the large of the large o	n or about 21C. ffice bldg., INJU 21F. 21F. 19 0	WHERE DID JRY OCCUR?  HOW DID IN  and to after death  Med. Director	IJURY OCCUR?  19 60 ta  that in (my) &	Baltimare	City, give exoct	lacotian) 19.6.9  urred an the date	
TO THE DISEAS OF CAPPR (APPR 22. I that and I 23A. S	ACCIDENT WAS ONTRIBUTING (Month) IJURY COX.)  Certify that (I) (I) (we) last samura of from the IJURY  HYSICIAN'S	OTRELATED TO THE NGIVEN IN PARTITION 198. CONIVAS PERFORMAN (Doy) (Year)  (this haspital with edecease the causes stated the causes stated the causes stated the cause stated the causes stated	HE TERMINAL TI (A). DITION FOR W ORMED  218. F hame etc.)  (Hour)  218. While Wark  ) attended the d alive an ed above. (1)	NOT White At Work (W.) (did) (did nat) was a CEMETERY ar CR	n or about 21C. ffice bldg. INJU 21F. 21F. 19 6 riew the bady 230. ADDRESS	where DID IN OCCUR?  HOW DID IN and to after death  Med. Director	IJURY OCCUR?	Baltimare	City, give exoct	urred on the date	

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Walt Fred

dente d. prop. no. alto. M. 21216

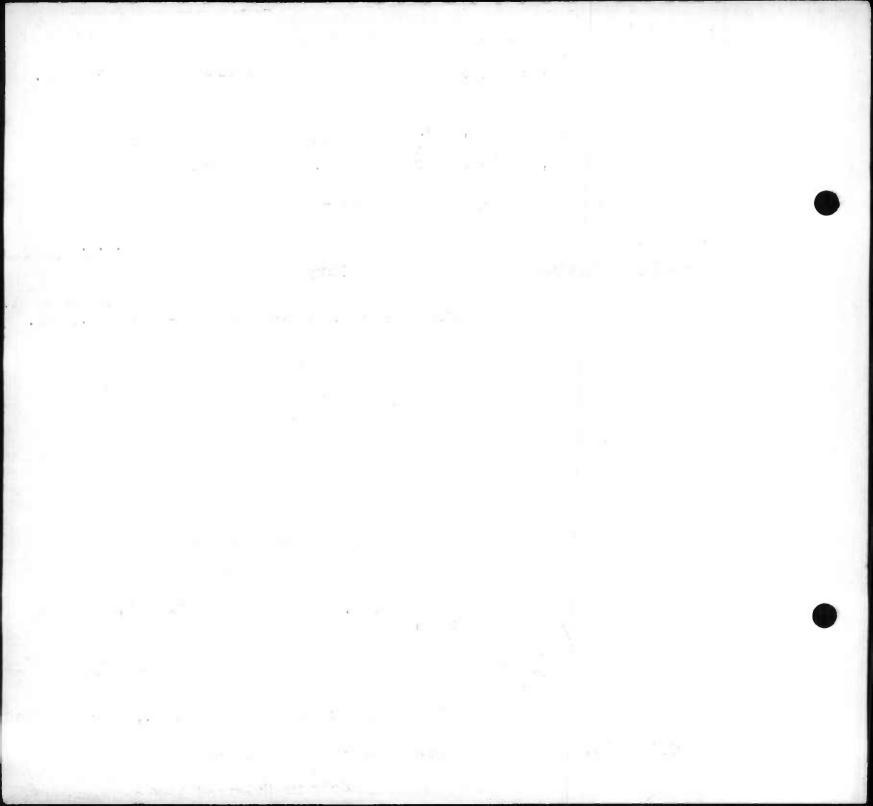
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	D 211=	69	750	BALTIMORE CITY	HEALTH DEPARTM	ENT		69	7565	
8	RTH NO.	03	756	CERTIFICA	TE OF DEA	TH	REG. NO	00	7000	
	NAME OF DECE						OUR OF DEATH			
			mabelle	1421440		uly 24			7.15	P M.
3.	PLACE IN BALT	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENC	E IWhere de	ceosed lived, If i	nstitution; resi	dence before a	dmission
H	ILL NAME OF	IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland			20	042	
IIN	STITUTION				C. CITY OR TOWN Baltimore		D. INS	IDE CITY LIM		185
	31	MERCY HOS	PITAL		E. STREET AND NUA	ABER		YES X	№ □	
					4601 Shamr	ock Ave	emue			1
11		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years birthdoy)	If Under 1	Ys If Under	24 Hrs. Min.
		caucasian	WIDOWED		July 8, 19	- 4	14			771112
dor	e during most of w	orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY			ountryl	12. CITIZE	OF WHAT C	OUNTRY?
	homemak				Baltimore,	Md.		USA	Ĭ.	
13.	FATHER'S NAM	-			14. MOTHER'S MAID	-				4
16	W 5 17	Leroy Bro			Anna Ma	y Buch	nelt			P
(Ye	s, no or unknown)	ever in U.S. Armed Fore	es? s of service)	SECURITY NO.	17. INFORMANT				DDRESS	A
_	No			550-TH-0110	Mr Alfred E	Renau	lt	Same		200
	18.5 92	X		CAUSE OF DEATH	1		1 /		APPROXIMATE IN	
		OR CONDITION DIR	ECTLY		- Conod	hral	wehl	MIA		15
	(This does no	f mean the mode of sthenia, etc. it means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		1100000	70 001		
	injury at camp	lication which caused	death.)	& GAL	um rues	· De	weck.	/ -		1
		NTECEDENT CAUSES		(8)	namie	Ryc	lanes	Arch	0	
	DISEASES OR	conditions, if cobave cause (A)	iny, giving	DUE TO OK AS	A CONSEQUENCE OF:	1/10		1		
	UNDERLYING	CONDITION tast.	storing ine	(c) 9011)	allen:	Ver	N/L	4.		
z		11		0/18/11	O Dus	201/11	1			
ATION	LIO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINIAT	oww	1 1000	rery	(/		1	-1 -1
ICA	19A. DATE OF C	NOTION GIVEN IN PART	NITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	s or Noll 201	LIF YES, WERE	FINDINGS CO	ONSIDERED	
ERTH	17-2	3 - WAS PERF	ORMED		NE	9 IN	CERTIFYING CA	USES OF DE	ATH?	7 41
U	OR CONTRIBUT	WAS UNDERLYING THE	21 B,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	DID	(If in Boltimor	e City, give e	xoct locotion)	
CAL	DEATH (notify n	nedical examined	elc.)							
MEDI	OF INJURY	Monthl (Doy) (Yearl		INJURY OCCURRED	21F. HOW D	ID MIURY	O C C U R?			
-	(APPROX.)		Worl	e At O Not While		10				
	22. I certify th	hat (1) (this hospital)	attended th	e deceased from	-d.+-	-6 79_	to	7-0	19	65
1		ast saw the deceased	-	1-24	19.65	and that in	(my) (our) opl	nian deoth	occurred on t	he date
	and haur and	from the causes state	d above. (1)	(We) (did) (did nat) vi	ew the bady after d	eath.				
	23A. SIGNATURI	10/2/11	21.	Attac	iding Med.	- si-#	_/	23B. DATE S	IGNED	-1
	23C. PHYSICIAGE	1/(90111)	1M	GEGREE PHYS.	Director	Staff Phys.	اليا	/-	-24	- og
	23C. PHYSICIAN NAME Hyp	6 / 0 / / 0 1	1/=	2//2/. 2	3D. ADDRESS	in u	11-00	P	15 11	1
24A	BURIAL CREAT	ATION, 24B. DATE	1 (9	MICHAEL GEGREE	196	107 1	1070	Fal	10 16	7=2
	REMOVAL (Sp.			ME of CEMETERY of CRE		24D/ LOCAT		ty, town, or c	ountyl 1	Stote
25A	Burial	7/29/69	SR. AME	timore Nation			ore, Mar	yland	ADDRESS	
J	JL 28 196	Jabers E.	SE BOME A	\$ 9 0 B	Leonard J	Ruck	Inc	Balto	Md 1	) <sub>1</sub>
Vs	150-REV. 1/1/68		-		1	2 - 58	,	,	-200 - 3	-

7/29/69 - Exploration of all kedney & nephrolitholomy suformation from yeary Hosp Record Room.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2			BALTIMORE CITY	HEALTH DEPART	MENT		00	XX.0.0
1	19-300	69	756		TE OF DEA		REG. NO	69	7566
	TH NO.			CLKIIICA					
	pe or Print)		niel Ba	olous	2.		D HOUR OF DEATH		10.70
3.	PLACE IN BALTIM	ORE MARYLAND, W			4. USUAL RESIDEN	ICE (When	e deceased lived. If in	stitution: socido	10:30 a. M.
							TY	/ /	1 - 19
H	ILL NAME OF DISPITAL OR STITUTION			UTION, GIVE STREET	Maryland			/ 5	102
1174	2 /	Provident			Baltimor		D. INSI	DE CITY LIMITS	_
-	24	1514 Divi			E. STREET AND N			YES 🗶	NO [
		Baltimore	, Maryl	and 21217	513 W. M	losher	Street		
5.	SEX 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF SIRTH		AGE (In years	II Under 1 Y	r., If Under 24 Hrs., s Hours Min.
	Male	Negro	WIDOWED	DIVORCED [	9-17-93	- 1	osi birihdoyi	Months: Day	s Hours Min.
10A	USUAL OCCUPA	TION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or foreig	gn country)	12. CITIZEN	OF WHAT COUNTRY?
	Unemploy	12.			Delaware			77 (	Y A
13.	FATHER'S NAME				14. MOTHER'S MAI	DEN NAM	AE	U • £	5 · A ·
	Wesley	Ba cku	S		Mary				
15. IXe	Was Deceased Eve	yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT			AD	DRESS
		yes, give wor or done	9 01 3C141CE/	SECURITY NO.	Was Davi	2.4	4.7	220	9 Spruce St
	18.	1:07		215-07-9125A CAUSE OF DEAT	Mrs. Pau	line	Alexander-	neice V	PROXIMATE INTERVAL
[]	DISEASE	OR CONDITION DIR	ECTLY					IBETWI	EEN ONSET AND DEATH
		ADING TO DEATH		(A) IMMEDIATE CAL	ISE PREW	LOW	tis bula	leval	0.00
	heort foilure, ast	meon the mode of heria, etc. It meons	dying, e.g., the disease.	DUE TO, OR AS	A CONSEQUENCE OF				74
		calion which caused	death.)	1.	. D. T.	7.	110015	4 5	
		ECEDENT CAUSES		(8)	achulri	uon	ti's, bila , Heari'i	awar	2
	rise to the	CONDITIONS, il o bove cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE O	F:			
	UNDERLYING C	ONDITION last.		(c)					
Z		П							-
5	TO THE DEATH B	NT CONDITIONS CON	E TERMINAL						-
CERTIFICATION	DISEASE OR CON	ERATION 198 CON	I (A).	WHICH OPERATION	20A. AUTOPSY? (Y	es or Noll	208 IF YES WERE E	INDINGS CON	ISIDERED
RTIF	0	WAS PERF	ORMED		No		208. IF YES, WERE F	ISES OF DEAT	H?
1	21 A. A C CIDENT Y	WAS UNDERLYING D	21 B,	PLACE OF INJURY (e.g., i	or obout 21 C. WHER	E DID	(If In Boltimore	City, give exo	cl locotion)
15	DEATH Inotify me	dicot exeminer	etc.)	of tame toology, sheet of	ince bidge, itesoki oc	COR			
1 333	21D.TIME (M	onth) (Doyl (Year)		INJURY OCCURRED	21 F. HOW	DID INJU	IRY OCCUR?		
×	(APPROXI		Whi	le At Not White	, 🗆				
	22. I certify tha	t (1) (this hospital)	attended ti	ne deceosed from Ju		10	, 69 to Ju	Ly 24,	19 69
		t saw the decease		July 24,	19 69		t in (my) (our) opin		
	and hour and fro	om the causes state	ed above. (I	) (We) (dld) (dld not) v	lew the hady after		()	ton death oc	corred on the date
	23A. SIGNATURE			, (, (cia, (cia iloi,) t	tow the body diler	ded III.		23B, DATE SIG	NED
			Mount	MAT Atte	nding Med.	. D s	taff K	7-24	
	23 C. PHYSICIAN'S NAME (Type)		The street	DEUREE	3D. ADDRESS	, P			
	HAME LIVE		a. te	LGCO MI)	1514 Divis	ion c	treat Ral	to M-	מעובת לישת
24A	BURIAL CREMAT	ION, 248. DATE	24C. NA	ME of CEMETERY OF CRE		24D. LO		, town, or cou	ryland 21217
	Burial	7/29/69	O NA	t Anharm	Camatan				
25A	DATE REC'D BY		258. NAME C	F REGISTRAR	Cemetry 25C. FUNERAL D	I Ba	altimore	Md	DDRESS
	_UL 28]	JOY Valent	E. Varbe	M. D. O.	13-15.	13 .6	=		
VS	150-PEV 1/1/48		7	12	HATO I Shi	18 18	Istand 10	06	N



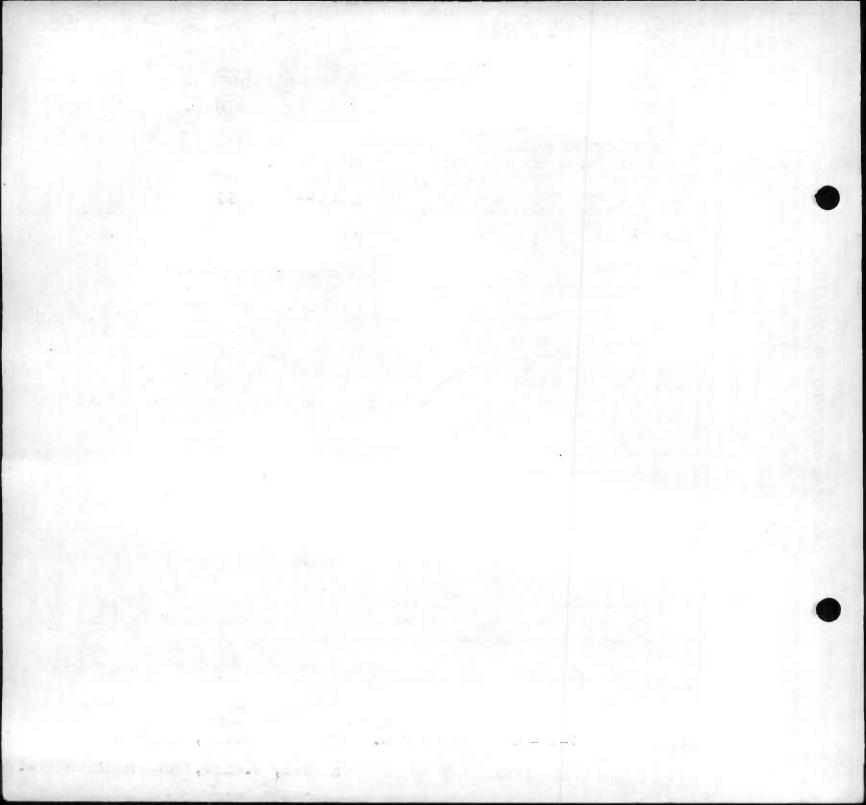
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	V-250 00		BALTIMORE CITY	HEALTH DEPARTMENT		60	MEON		
BI	RIH NO.	7567	CERTIFICA	TE OF DEATH	REG. NO	03	7567		
1.	NAME OF DECEASED			2, DATE A	ND HOUR OF DEATH				
	I AKE V	Augha	N	15111	11 241969	1/	1:30 A.		
3.	PLACE IN BALTIMORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	vere deceased lived. If it	nstitution: resid	ence before odmission)		
H	ILL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION	N. GIVE STREET	Md			1001		
III.	STITUTION 1/ )	77		C. CHY OR TOWN	D. INS	IDE CITY LIMIT	CTT-1		
	3 Johns Hopkins	HUSP		E. STREET AND NUMBER	e l	YES	NO .		
		/		1022	VAller S	-/			
5.	SEX 6. RACE	7- MARRIED N	VEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , Il Under 24 Hrs.		
	101 10	WIDOWED	DIVORCED	1922	lost birtheloy)	Months Do	ys Hours Min.		
10	LUSUAL OCCUPATION (Give kind of work the during most of working life, even if retired)	10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN	OF WHAT COUNTRY?		
	Labor	Const	ruction			11	SA		
13.	FATHER'S NAME	- 511501		14. MOTHER'S MAIDEN NA	ME	U	J/T		
	Paul Vaughn			****					
15.	Was Deceased Ever in U. S. Armed Fores, no or unknown! (If yes, give wor or dote:	es?    1) 6.	SOCIAL	17. INFORMANT	lae				
(Ye	s,no or unknown) (If yes, give wor or dote		SECURITY NO.			AD	DDRESS		
1	?	2	18-16-7739		in Vaughn	548 Ba	aker St		
	7.5.9.0		CAUSE OF DEATH			A	PPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIR	ECTLY		- ( land)	. 1 %		2 1		
	1This does not meon the mode of heart failure, astheria, etc. It means	the disease.	DUE TO, OR AS A	SE SUBATECT	moiel her	NOW,	3 days		
	ANTECEDENT CAUSES	deom.l		, )		1.	1 - E		
		0. 91.60	(B)	Hyperlension essential 10 yrs					
	DISEASES OR CONDITIONS, if or ise to the obove couse (A)	ony, giving sloling the	DUE 10, OR AS	A CONSEQUENCE OF:	/		0		
H	UNDERLYING CONDITION lost.		(c)	*******************************	***********				
II z	- 11		0	1					
12	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	E TERMINAL	Bro	nchial As	thing				
N S	19A-DATE OF OPERATION 19B. CONT	1 (A).	H OPERATION	20A. AUTOPSY? (Yes or N	20 15 NO. C.				
CERTIFICATION	2 Nove WAS PERF	DRMED	TO ERSTION	40	O) 208, IF YES, WERE I	USES OF DEA	NSIDERED TH?		
ü	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLA	E OF INJURY (e.g., in	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give ex	net (nentlan)		
CAL	DEATH Inotify medical exomined	home, for	m, foctory, street, offi	ce bidg., INJURY OCCUR?	the manning	City, give ex	oci toconon;		
EDIC.	21 D. TIME (Month) (Doy) (Year)	(Hour 21 E INJU	IRY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
Σ	OF INJURY (APPROX.)	While At	Not While						
	22. I certify that (1) (this hospital)	Work	At Work	7/2/	14	- /~	/ / 6		
	that (1) (we) last sow the deceased		24	/ / 41	19 <u>67</u> to ot in(my) (our) opin	lon death	19 <u>6 7</u>		
	ond hour and from the couses state		) (qiq) (qid = ~ ) =1	ew the hady after deat	in (my) (out) opti	HOII GEOTH OF	curred on the dote		
	23A. SIGNATURE					23B. DATE SIG	GNED		
	Momas R. Sin	1995/	MI) Atten	ding Med.	Staff Phys.	7/2	4/69		
	23 C. PHYSIGIAN'S NAME (Type)	00	DEGREE	ID. ADDRESS	rnys,	11/	1/0/		
	Thomas N. C	V1991		7 N. Wa	10				
24A	BURIAL CREMATION, 1248, DATE	24C. NAME	DEGREE OF CREA	AATORY 24D 1	OCATION (City	town or co	mbul (first)		
	Burial 7/29/6					, town, or cou	inty) (Stote)		
25A	- 477 - 577 - 577	SB. NAME OF REC	Auburn Ce	emetry   E	Baltimore	Md			
.	1111 9 9 1000 () 4 - 61	Jabon M.D	and	25C. FUNERAL DIRECTOR			DDRESS		
I L	50-REV 1/1/68		3/4	Maorbling	Halstead :	1206 W	north Ave		

OUT Bear of the part of the

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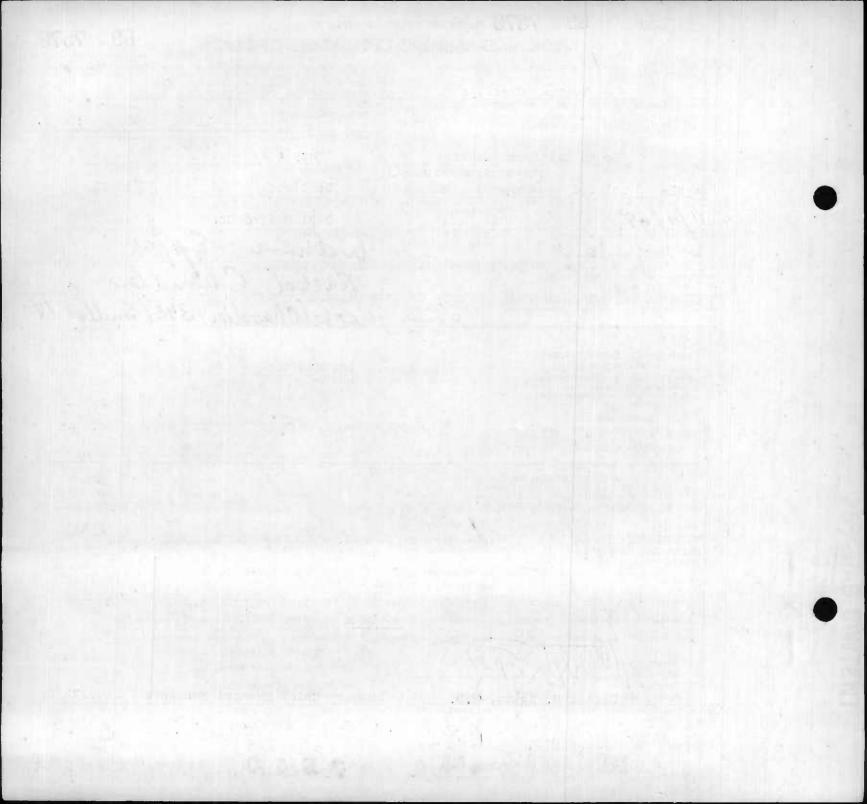
11 -	-/-			Y HEALTH DEPARTMEN		60	MEOD
BIRTH NO.	560 69	756	8 CERTIFICA	TE OF DEAT	H REG. NO.	69	7368
1. NAME OF (Type or Print)	DECEASED	HEN	RY		TE AND HOUR OF DEAT	гн	3 35 A M
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where dedeosed lived, If	institution: resid	dence before odmission)
FULL NAME	OF HE NOT IN HOSPI	TAL OF INSTIT	UTION, GIVE STREET	MARYLAND	BALTIMORE		5300
HOSPITAL O	R ADDRESS OR LOC	(NOITA		C. CITY OR TOWN		NSIDE CITY LIMIT	TS?
21	BALTIMORE CITY		LS			YES	NO
21	4940 EASTERN A			E. STREET AND NUMB			
	BALTIMORE, MAR	YLAND	21224	211 MAIN ST	•		
5. SEX FEMALE	6. RACE NEGRO	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Do	
done during mo	OCCUPATION (Give kind of words) of working life, even if retired) Wife		F BUSINESS OR INDUSTR	VIRGINIA	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S	NAME	1		14. MOTHER'S MAIDEN	NAME		
	porter				t Chaptman		
15. Wos Dece (Yes, no or unk NO	nown) (If yes, give wor or do	es of service)	SECURITY NO.	17. INFORMANT	4940 EASTERN	100	DDRESS
18.			CAUSE OF DEA				APPROXIMATE INTERVAL
(This do	SEASE OR CONDITION D LEADING TO DEATH ses not mean the mode a lute, asthenia, etc. It mean camplication which cause	f dying, e.g., s fhe diseose,	(A) IMMEDIATE CA	0-0-00	VA) AL VASCULA ACCIDEN		2 DAYS
UNDERL	ANTECEDENT CAUSE  S OR CONDITIONS, if the obave cause (A). YING CONDITION last.	any, giving stating the	(c)	PTENSIVE ( S A CONSEQUENCE OF:  ESTIVE HE			10NY YEARS
			WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WEI	RE FINDINGS CO	ONSIDERED ATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner	21E hor etc.	ne, form, foctory, street,	in or obout 21C. WHERE D	DID (If in Boltin	more City, give e	exect location)
21 D. TIM	E (Month) (Doy) (Yeor	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
OF INJU		WI	nile At Not Wh				
22 1				7/23	19 69 to	7/2	5 1969
	rtify that (!) (this heapite		7/25	19 69 0			
	(we) last saw the deceas		/		nd that In(my) <del>(our)</del> c	apinion death	accurred on the dat
	r and from the causes st	ated abave. (	I) (We) (did) ( <del>did not</del> )	view the bady after de	eath.		
23A. SIGI		7.1	mh	handing Mad	Chall For	23B. DATE	SIGNED
	James R.	tonk	MILD, GEGREE PH	hending Med. ys. Director	Staff Phys.	1/0	40 /07
23C.PHY	SICIAN'S ME (Type) ATTES R	FONK	M.A.	BALTIM	TORE CITY	11059	PITAL
REMOV	CREMATION, 24B. DATE	24C.N	AME of CEMETERY of C	REMATORY 2	Laural, M	(City, town, or o	
Burla 25A. DATE R	EC'D BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C FUNEPON DIRE			ADDRESS dison Ave.
VS 150-REV.	40 1707 Valley	E, Ja Be	wind,	Characa	2001		



6							
BIRTH	- 500 H NO.		9 756	9 CERTIFIC	ATE OF DEATH		69 7569
Туре		Wis 3		best E.	7-	24 - 69.	10-45 F
3. PL	LACE IN BALTIN	ORE MARYLAN	D, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If I UNTY	institution: residence before odmi
	L NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET	maryland		150
INST	PITAL OR	ADDRESS OR	LOCATION	A Luxulus	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1	uthero	m Hos	pina.	of recording	Bertime VE E. STREET AND NUMBER		YES MO
7	6				Bonner	Rd. 39	25
S. SE	4.0	RACE		ED NEVER MARRIED		9. AGE (In years	Months Doys Hours N
4		00-1-4	WIDOWI		TRY 11. BIRTHPLACE (State or fo	reina countrul	12. CITIZEN OF WHAT COU
done	during most of wor	king life, even if ret		DOSINESS OR INDOS			
	Retired				Baltimore,		U.S.A.
	ATHER'S NAME				14. MOTHER'S MAIDEN N		
A	lbert	Lewis	5		Elnora	Brown	
15. W	os Deceosed Ev	er in U. S. Arme	d Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	1201 8116 4101 01		220-14-378	4 Regina Dow,	1643 N. Ap	opleton St.
1	8. 199	-01		CAUSE OF DE	ATH		APPROXIMATE INTER
		OR CONDITION			cause & Mctast as a consequence of:	Carci	no ma
		ADING TO DE		(A) IMMEDIATE	CAUSE DO Metast	alic observe	494.
		meon the modeline		9. DUE TO, OR	AS A CONSEQUENCE OF:		
	injury or compli						
	injery or compi	collon which co	used death.)		n 1 den 6		0
		TECEDENT CAL		(B) Met	instatic C	arciner	er.
	AN DISEASES OR	TECEDENT CAL	USES if ony, givi		AS A CONSEQUENCE OF	arciner	er.
	AN DISEASES OR rise to the	TECEDENT CAL	USES if ony, givi (A) sloting I	he	AS A CONSEQUENCE OF	arcinem	er.
	AN DISEASES OR rise to the	TECEDENT CAL CONDITIONS, obave cause	USES if ony, givi (A) sloting I		as a consequence of:	arcinem	er·
NC	AN DISEASES OR rise to the UNDERLYING O	CONDITIONS, abave cause CONDITION los	uses if ony, givi (A) stating I I.	(C)G	AS A CONSEQUENCE OF:	arcinem	er·
ATION	AN DISEASES OR rise to the UNDERLYING (	CONDITIONS, above cause CONDITION los  I  ANT CONDITIONS BUT NOT RELATED ADITION GIVEN IN	if ony, givi (A) stoting I I. GONTRIBUTIN TO THE TERMINA N PART I (A).	(C)G	AS A CONSEQUENCE OF:		
CATION	AN DISEASES OR rise to the UNDERLYING (	CONDITIONS, obave cause CONDITION los  II  ANT CONDITIONS BUT NOT RELATED DITION GIVEN IN PERATION   198.	if ony, givi (A) stoting I I. GONTRIBUTIN TO THE TERMINA N PART I (A).	(C)G	AS A CONSEQUENCE OF:  20A. AUTOPSY? (Yes of		
ERTIFICATION	AN DISEASES OR THE DISEASE OR CON 9A. DATE OF O	CONDITIONS, obave couse CONDITION los  II  ANT CONDITIONS BUT NOT RELATED IDITION GIVEN IN PERATION 198. WAS	If ony, givi (A) stating I I. CONTRIBUTIN TO THE TERMINA PART I (A). CONDITION FO S PERFORMED	G	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
L CERTIFICATION	AN DISEASES OR rise to the UNDERLYING ( OTHER SIGNIFICA TO THE DEATH TO DISEASE OR CON 9A. DATE OF O	CONDITIONS, obave couse condition los il anticondition sufficient for the condition of the coupe	If ony, givi (A) stating I I. CONTRIBUTIN TO THE TERMIN PART I (A). CONDITION FO PERFORMED  TO THE TERMIN PART I (A). TO THE TERMIN PART I (A). TO THE TERMIN PART I (A).	G AL  OR WHICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, street,		No) 20B. IF YES, WERE IN CERTIFYING CA	
ICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING O OTHER SIGNIFICA TO THE DEATH OSEASE OR CON 9A. DATE OF O  21A. ACCIDENT OR CONTRIBUTIO DEATH (notify m	CONDITIONS, obove couse CONDITION los II ANTICONDITION SBUT NOT RELATED ADITION GIVEN IN PERATION 19B. WAS UNDERLY!!	If ony, givi (A) stating I I. CONTRIBUTIN TO THE TERMIN PART I (A). CONDITION FO PERFORMED  TO THE TERMIN PART I (A). TO THE TERMIN PART I (A). TO THE TERMIN PART I (A).	G AL PROPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING O THER SIGNIFICA TO THE DEATH DISEASE OR CON 9A. DATE OF O  21A. ACCIDENT DR CONTRIBUTIO DEATH (notify m	CONDITIONS, obove couse condition los il anticondition sufficient for the condition of the	if ony, givi (A) stoling I I.  CONTRIBUTIN TO THE TERMINA PART I (A). CONDITION FO PERFORMED  NG	G AL COMMICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID, office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING ( OTHER SIGNIFICA TO THE DEATH ( OTHER SIGNIFICA TO THE THE SIGNIFICA TO THE SIGNIFICA THE SIGNIFICA TO THE SIGNIFICA THE	CONDITIONS, above cause CONDITION los  II  ANT CONDITION S BUT NOT RELATED ADITION GIVEN IN PERATION 19B. WAS WAS UNDERLYII NG CAUSE OF edicol exominer)	if ony, givi (A) slaling I I.  CONTRIBUTIN TO THE TERMIN/ N PART I (A). CONDITION FO PERFORMED  NG	G AL COMMICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact location)
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING ( OTHER SIGNIFICATION TO THE DEATH OSEASE OR CON 9A-DATE OF O  PA-DATE O  PA-DATE OF O  PA-DATE O  PA-DATE OF O  PA-DA	CONDITIONS, obave cause condition los	if ony, givi (A) slaling I I. GONTRIBUTIN TO THE TERMIN N PART I (A). CONDITION FO PERFORMED  NG	G AL COLLEGE OF INJURY (e. home, form, foctory, street etc.)  21E. INJURY OCCURRED  While At Not V  At W	g., in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING ( OTHER SIGNIFICA TO THE DEATH DISEASE OR CON 9A. DATE OF O  PALA. ACCIDENT OR CONTRIBUTII DEATH (notify m ETD. TIME DET INJURY (APPROX.) 22. I certify th	CONDITIONS, above cause CONDITION los  I  ANT CONDITION S BUT NOT RELATED ADITION GIVEN IN PERATION 19B. WAS  WAS UNDERLYII NG CAUSE OF edicol exominer  Month) (Doy) (1)	if ony, givi (A) stating I I.  CONTRIBUTIN TO THE TERMINA N PART I (A). CONDITION FO PERFORMED  NG  Year) (Hour)	G AL COLLEGE OF INJURY (e. home, form, foctory, street etc.)  21E. INJURY OCCURRED While At At W d the deceased from	g., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location
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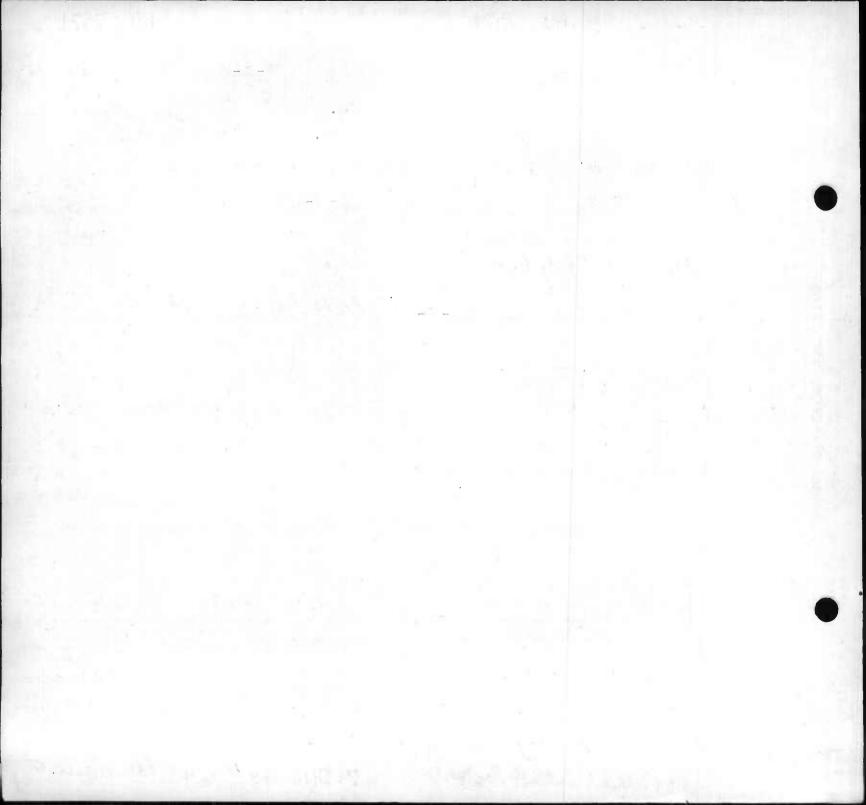
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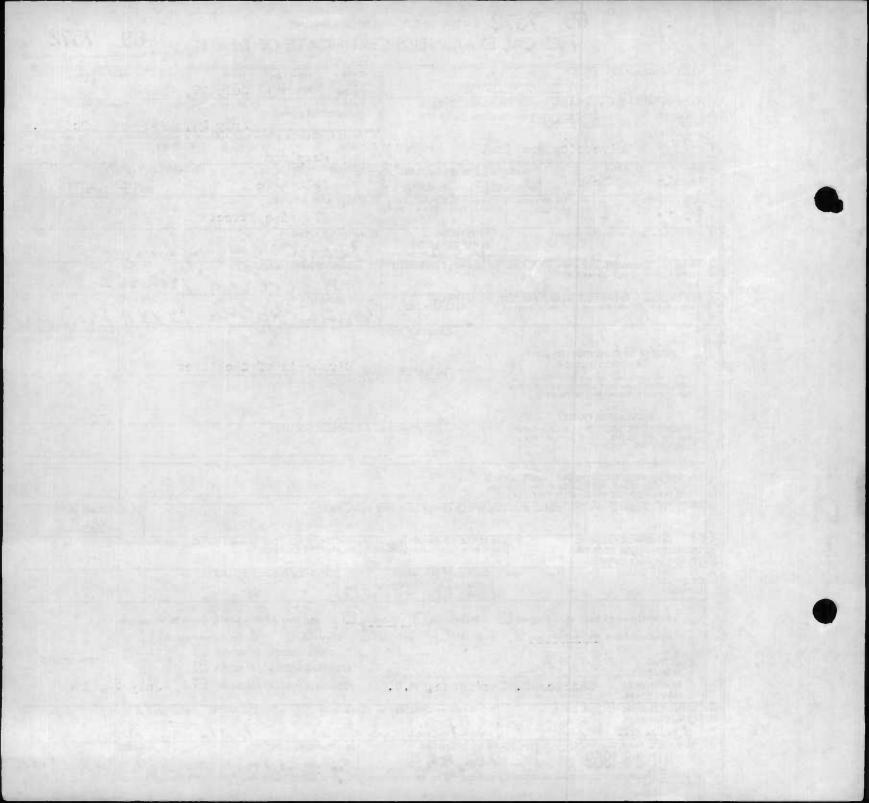
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH the Such Deceased 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED Helen Adell ПО 7-24-69 Kelly 7-24-69 2:35 PM
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ō HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? 0 etermined cause; YES T Balto. NO prior E. STREET AND NUMBER 606 West Hamburg Street
ATE OF BIRTH 9. AGE (In years Bolton Hill Nursing & Convalescent Center made regular If Under 1 Yr. 6. RACE B. DATE OF BIRTH If Under 24 Hrs. S. SEX MARRIED NEVER MARRIED deceased lost birthdoy Months Doys Hours DIVORCED Female WIDOWED Negro 9-10-1909 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even if retired) Und Maryland USA Was 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME 4 death LO kind; ADDRESS 15. Was Deceased Evar in U. S. Armed forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Imed or final any APPROXIMATE INTERVAL OF DEATH BETWEEN ONSET AND DEATH onuce DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE pro heart foilure, osthenio, etc. It means the disease, pa gular injury or complication which coused death.) em ANTECEDENT CAUSES who (B) DUE TO, OR AS A re are 4 DISEASES OR CONDITIONS, if ony, giving (3) to the obove couse (A) sloting the = physician UNDERLYING CONDITION lost. remains Mas П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL hysician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19B. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before (2) 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) where 0 OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (natify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) Wark At Work and any 22. I certify that (1) (this haspital) attended the deceased fram 19 0 and that in (my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an. be of death) hospital must and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. accident 23B, DATE SIGNED 23A. SIGNATURE Med. Staff Attending 10 Director. Phys. Phys. approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An 00 Y DEGREE QEMETERY OF CREMATORY 24D. LOCATION or county) 24A. BURIAL CREMATION. deceased D.O. MOVAL (Specify) written shows: ven Mas 258, NAME OF REGISTRAR FUNERAL DIRECTOR



C-552 69 7572 BALTIMORE CITY HEALTH DEPARTMENT

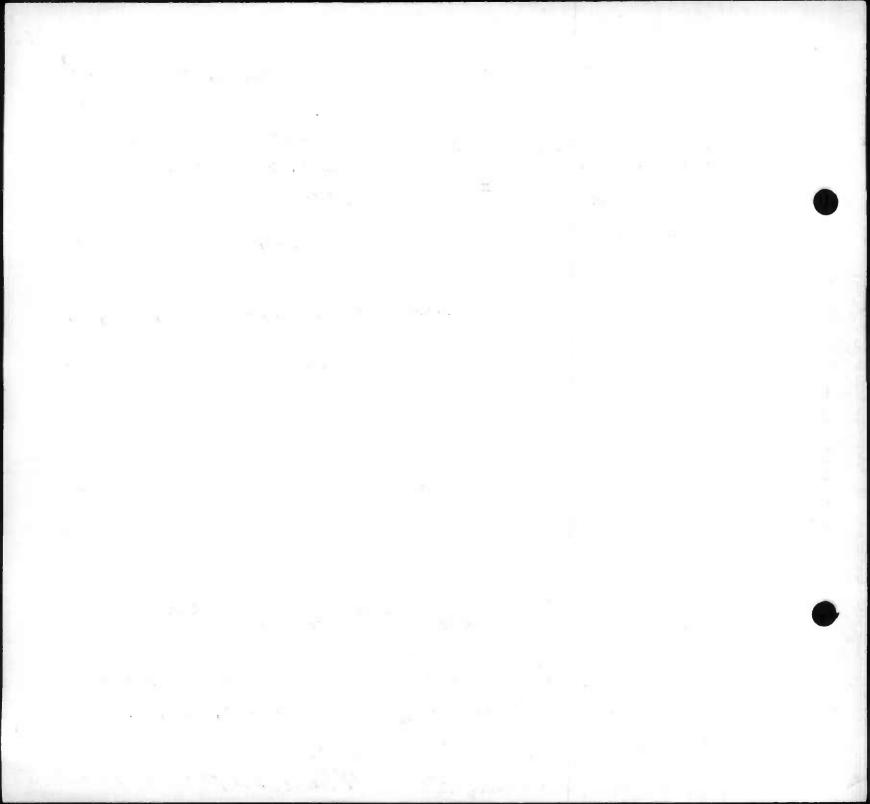
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RI	RTH NC.		MEL	ICAL I	EXAMINER'	5	LEKTIFIC	CATE OF	DEAT	H REG. NO	00	1011	-
1.	NAME OF DEC	CEASED				2. DATE	Known K	Month	Doy	Yeor	Hour		
(1)	pe or Print)		GLORIA	CUNNIN	IGHAM		OF DEATH	Estimoted		24, 1969		1	
4.	PLACE IN BAL	TIMORE, MA	RYLAND, Y	HERE PROP	NOUNCED DEAD		3. DATE		Month	Day	Year	Hour	М.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						PRONOU	INCED DEAD	July	24. 1969		2.14	Α
	OR INSTITUTION						5. USUAL RE	SIDENCE (When		ived. If Institution		before admi	ission)
		Unive	rsity	Hospita	11 (DC	DA)	A. STATE	Maryland		B. COUNTY	1	801	1
11	SEX	7. RACE		B. MARRIED	NEVER MARRIED		C. CITY OR			D. INSIDE CI	TY LIMITS?	0 41	
	Female	Ne	gro	WIDOWED	DIVORCE			Baltimore		Y	s 🗗	NO 🗆	
и	3/20	Н	io.AGE (la losi birthda 4.3	yeors #	Under 1 Yr. If Under 24 nths   Days   Hours			ND NUMBER 870 Vine	Street				
11.	BIRTHPLACE (S	itate or foreig	on country)	12.	CITIZEN OF WHAT COUNTRY?		13. FATHER	S NAME	18				
14/	HSHAL OCCU	DATION/Giv	a kind of week	IAR VIND O	BUSINESS OR INDU	ICTRY	CCC	MC (	un	myha	m		
dor	e during most of v	vorking life, ev	en if reitred)	I TO MIND OF	BUSINESS OK INDU	n21k	13. MOTHER	1 AMAIDEN NA	ME	11/0		1	
16	WAS DECEAS	ED EVER IN	II S APMET	FORCES?	II7. SOCIAL		18. INFORM	rec	reg	1000	DDFCC		
(Ye	s, no or unknown	(il yes, give v	vor or dotes	of service)	SECURITY NO.		Irm	ia Ho	lme	134	odress 3 NJ	nemi	unta
	19.	1.71			CAUSE OF	DEA	TH					PPROXIMATE I	
	DISEAS	E OR COND	ITION DIREC	CTLY							00,11	VEETA ONSET	NAD DEATH
		LEADING TO			(A)IMMEDI	ATE C	AUSE Cir	rhosis of	the 1	iver			
	heart tollure	ol meon the , osthenia, etc	. It means the	diseose,			AS A CONSEQU					***********	
	injury or con	plicotion which	ch Coused dec	oth.)									
		NTECEDENT			(B)								
	RISE TO THE	OR CONDITION	ONS, IF ANY USE (A) STAT	, GIVING ING THE	DUE TO,	, OR	AS A CONSEQ	UENCE OF:					
Z	UNDERLYIN	G CONDITI	ON LAST.		(c)								
CERTIFICATION	OTHER CLOSE		11										
5	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMINA	l								
RTI		OPERATION			R WHICH OPERATION	NI W/	S DEDECODAL	<b>5</b> D			IN AUTO	DCVD (V-	as Na
U	0 7		1 200	TO THE O	WINCH OF EKAHOL	14 117	45 PERFORMI					PSY? (Yes	Dr NO)
7	22A. EXTERI	NAL CAUSE	WAS	22B	PLACE OF INJURY	(e.o	In or obout 22	C. WHERE DID	(If In Rollima	es City also ave		Yes	
200	UNDERLYING	OR CON	TRIB-	hom	e, form, foctory, sireet,	office	e bldg., etc.) IN	JURY OCCUR?	(ii iii boiiiiio	re City, give exc	rocanon)		
MEDI	UTING CA		oy) (Yeor	) (Hour)	22E. INJURY OCCUR	RED	22	F. HOW DID IN	JURY OCC	UR?			
	OF INJURY (APPROX.)					NOT	WHILE						
	23.			m. <sub>l</sub>	WORK L	AT W	OKK LJ						
	I cert	Ify that I h	eld on li	nquiry 🗌	Inspection	Au	topsy X	and that on th	als basis,	deoth In my	opinion		
	result	ed from: N	oturol cou	ses X	Accident Su	vicid	le Hor	nicide 🔲	Undetermf	ned manner			
	A CTUAL	(0)		1	14 -	2	C	HIEF MEDICAL E	XAMINER			DAYE CLOS	ALFO
	SIGNATI	JRE	lass	ノイ	Soul	M.D	ASSIS	TANT MEDICAL	XAMINER	X		DATE SIGI	NED
	EXAMINI NAME (T	ER'S (	Charles	s S. Sp	ringate, M.	D.	ASSO	CIATE MEDICAL E	XAMINER	☐ Ju	1y 24	, 1969	
24 P.F	A. BURIAL CREA MOVAL (Specif	MATION, 2	4B. DATE	2	4C. NAME of CEMET	ERY	or CREMATOR	RY 24D.	LOCATION	(City, town,	or county)	(Sto	ite)
1	Buni	al	7-29-	-69	Suct. a.1	ln.	1 Co.		BAL	Time	mark	/	
25	A. DATE REC'D	BY HEALTH I	DEPT.	258. NAM	E OF REGISTRAR		25C, FI	UNERAL DIRECTO	OR .	Ar	DRESS	/	
	JUL	28 196	9 Robe		Ber M. O.	7	tota	arlera.	Rie	. 6612	V. B	aus.	88
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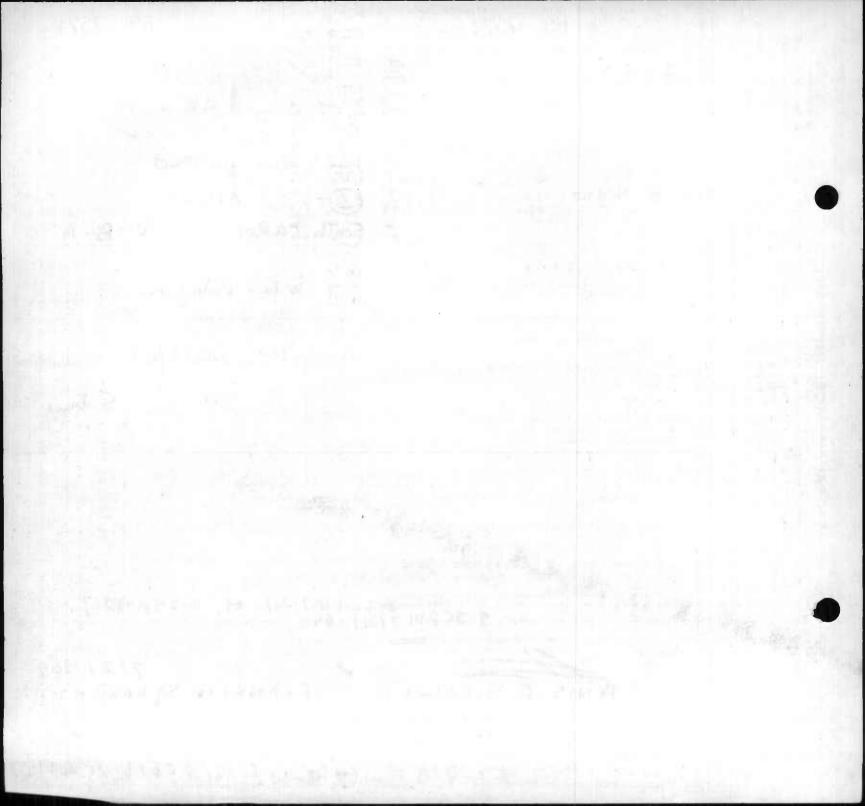
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BII		CATE OF DEATH REG. NO. 69 7573
110	NAME OF DECEASED  (PO or Print)  Mamie Lee Nelson	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 25, 1969 11:55 A M.  4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before admission)
HIN	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md.  C. CITY OR TOWN  PROJ + 1 mone  D. INSIDE CITY LIMITS?
	JS Public Health Service Hospital 3100 Wyman Parkway	E. STREET AND NUMBER  118 S. Carlton Street
	F COL WIDOWED DIVORCE	10/7/07 lost difindoy/61 Months; Doys; Hours; Min.
gon	A. USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR IND ( ne during most of working life, even if refired) Housewife	Washington, DC USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME  WW
fe:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)  NO  18.  CAUSE OF E	The state of the s
	injury or complication which coused death.)  ANTECEDENT CAUSES	E CAUSE Preumonia, pan labar days  R AS A CONSEQUENCE OF:  DR AS A CONSEQUENCE OF:
FICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	Creatic carcinoma mos.    20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL CERTIFIC	WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (home, form, foctory, streeted)  PEATH (notify medical examiner)  21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (home, form, foctory, streeted)	e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exect location)
W		While Work
	22. I certify that () (this hospital) attended the deceased from that () (we) lost saw the deceased alive an July 25	19 69 and that in (my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did) for 23A. SIGNATURE  Peter & Philonth Miles	Attending Med. Director Phys. 23B DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B. PATE REMOVAL (Specify)  THANKS  PAGE PATE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	US PHS Hospital, Balto, Md.  CREMATORY  24D. LOCATION  (City, town, or county)  Salkrune  M
!5A	SO-RELATION TO BY STEAL THE DEPTY SEE NAME OF REGISTRAR	250 TURESAL DIRECTOR APPRO GGINBANI



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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	5-620 69 7.	574 CERTIFICA	TE OF DEATH	REG. NO.	59	7574
	PETE	R GONES.	2. DATE AN 2 6	the guly	969	9-25 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		nstitutian: resi	dence before odmission)
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	Manylavid.	Baltin	in of le	1902
IF	RANKLIN SQUARE	HOSPITAL.	BALTIMORE		YES 🔽	NO 🗌
1.9	36		1329 Lem	mon Street	d	
5.	MALB Negno. WIDO	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy	If Under 1 Months D	Yr. If Under 24 Hrs. ays Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. PIRTHPLACE (State of foreign		12. CITIZE	OF WHAT COUNTRY?
			South Cake	· AMIJO	0.	B. A
13.	Harry Jones		14. MOTHER'S MAIDEN NAM	NE .		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL	17. INFORMANT Wife -	· Vida la	res. A	DDRESS
	, , , , , , , , , , , , , , , , , , ,	218-10-8333	,	and a	513	at demon
	18. 4 10 41	CAUSE OF DEATH	1			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		A + 111	1.00	6 4	·
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE TEULE MO	eardy &	Jarelin	- upproximite
	heart failure, asthenia, etc. 11 means the disc injury ar camplication which caused death.)		A CONSEQUENCE OF:		0	
	ANTECEDENT CAUSES					5 Page
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			3 4703
	rise to the above cause (A) sloting UNDERLYING CONDITION last,	the				
	II	(c)				***************************************
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG				
Id	TO THE DEATH SUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	-00022000000000000000000000000000000000				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA		
CAL	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give e	exact lacation)
MEDI	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not While Work At Work		JRY OCCUR?		
	22. I certify that (I) (this hospital) attend	led the deceased from &	30.P.M7/26/1	969 109-2	5 P.MI.	26/ 1969.
	that (1) (we) lost saw the deceased alive	on 9-25 P.M 71	26/19 69 and the	ot in (my) (aur) op	inlan deoth	accurred an the date
	and haur and from the causes stated above		*			
	23A. SIGNATURE	Au	nding Med.	S-# -	23B. DATE	
	COC BUYCLEIANG A	DEGREE Phys	i. Director L	Shaff Phys.	1/1	2/1969
	PHYSICIAN'S ANIS P.	SIDDIQI.	23D. ADDRESS FRAN	IKLIM S	g uAk	RE HOSPITAL
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME pi CEMETERY of CRE	MATORY 24D. LC	CATION AU (C	City, town, or	county) / (Stote)
	REMOVAL (Speody) 7-31-69	not bruhin		B altum	es.	md.
25/	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	Mais 6	61W	13 ands
VS	150-REV. 1/1/68		1000			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	K-40	55 00	helled province		Y HEALTH DEPART			g q	7575
BI	RTH NO.	69	75	75 CERTIFICA	TE OF DEA	HTA	REG. NO	00	1010
	NAME OF DEC		2.	DATE AND H	OUR OF DEATH				
		ESSIE B. KLII		July	23 /	1969	9: 08 A M. idence before odmission		
13	PLACE IN BAL	TIMORE, MARYLAND, W	4. USUAL RESIDEN	B. COUNTY	eased lived. If i	nstitution; res	idence before odmission)		
ШH	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	C. CITY OR TOWN	LAND		SIDE CITY LIM	901		
1	7-00	urch Home	¿ 1.		BALTI			YES P	NO
-	35 Che	wich Home	. Hog	puax	E. STREET AND NI		DUNE !	Dr.	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		E (In years	If Under	1 Yr. If Under 24 Hrs.
	Ŧ	W	WIDOWED		7-31-1	3	irthday	Months	loys Hours Min.
qo 10.	A. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sie	ite or fareign ca	unity)	12. CITIZE	N OF WHAT COUNTRYT
	Presiden	t	Drug	Co.	mar	yland	-		USA
13.	FATHER'S NAM				14. MOTHER'S MA	DEN NAME			
15		AND THE PROPERTY OF THE PROPER	•			knows	/		
(Ye	No or unknown!	Ever in U. S. Armed For all yes, give wor or dote	ces? s of servicel	SECURITY NO.	17. INFORMANT	4.		A	DDRESS
				214-05-7418	milton 1	Climon		San	ne
	18.	0191		CAUSE OF DEAT	Н			0.61	APPROXIMATE INTERVAL
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	injury or com	plication which caused	death.)			,			
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z	OTHER SIGNIE	[] CANT CONDITIONS CO	ITDIBUTING		0				
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CAL CE	21 A. A CCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHER	E DID	(II In Baltimor	e City, give e	xact location)
DIC		(Month) (Doyl (Year)							
MEDI	OF INJURY IAPPROXI	(Monay (Doy) (Teon		INJURY OCCURRED  Not While the At Work		DID INJURY C	CCUR7		
	22. I certify	that (1) (this hospital)	attended t	he deceased fram	march 6	19 6	9 00	nly a	3 1969
	that (I) (we)	last saw the decease	d alive an	July 2:	3 19 OG		0	nian death	
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATUR	RE .						23B. DATE S	SIGNED
	Ce	raren Z. 1	regar	Alter Phys.	nding Med.	Stoff Phys.	P	July	23 1969
	23C. PHYSICIAN NAME (TY CORA	FON Z. VG	REARA	M.D.	100 R. Bra.	edway	- Balti	inone ?	md - 37
24A	BURIAL CREM	ATION, 248. DATE	24C.NA	ME of CEMETERY of CRE	MATORY	24D. LOCATIO	ON (Ci	y, town, or co	ounty) (Stote)
	Burial	7/25/69	Pa:	rkwood Cemeter	y	]	Baltimor		10.010
25A	LILL 9	R 1000 C. C. A	258 NAME OF	F REGISTRAR	ZSC. FUNERAL DI	RECTOR	Two D	200	ADDRESS

ruck, Inc. Balto. Md. 21214 40 1303 VS 150-REV. 1/1/68

	Print)	Joseph	F. 0	Connor		July 22,		9:	30 A.
FULL	AME OF (IF N	OT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	4. USUAL RESID	B. COUNTY		stitution: residence be	- 11
HOSPI		RESS OR LOCA	ION)		c. CITY OR TOW	N More	D. INSII	DE CITY LIMITS? YES NO	
90	Please	nt Manor	Nursin	g Home	E. STREET AND		021 Swans		
Ma		8	WIDOWED	NEVER MARRIED DIVORCED BUSINESS OR INDUSTRY	Dec. 28,	1902.	E (In years rihday) 66		Under 24 Hrs
done du	ing most of working life	, even il retired)		303114E33 OK 1117031K		ryland	, my	USA	IAT COUNTR
3. FAT	HER'S NAME	Joseph P	. O'Con	nor	14. MOTHER'S N		arah B. I	Dempsey	
Yes, no	Deceosed Ever in Uprunknown) (If yes, g	. S. Armed Forcive war or dates	of service)	16. SOCIAL SECURITY NO. 214-16-8251A CAUSE OF DEAT		a M. O'Co	nnor	ADDRESS (S	a me)
he inj DI ris	s daes nat meon it failure, asthenia, ity of complication  ANTECED  EASES OR CONI ta the above DERLYING CONDI	etc. II means which coused which coused tent CAUSES DITIONS, if a cause (A)	the disease, death.)	(2)	A CONSEQUENCE Company	- plegra	relew	3m	nl5
ATT TO	IER SIGNIFICANT CO THE DEATH BUT NO EASE OR CONDITION DATE OF OPERATION	T RELATED TO THE GIVEN IN PART ON 198. COND WAS PERFO	E TERMINAL 1 (A). DITION FOR WORMED		20 A. AUTOPSY	IN	CERTIFYING CAL	FINDINGS CONSIDER	
OR DE		EAUSE OF examiner)	hometc.)	e, form, foctory, street, o		OCCUR?		e city, give exact loco	tion)
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3. PLAC	IN BALIIMORE	, MARTLAND, W	HERE PRONOUNCED	DEAD	A. STATE	B. COUNTY	ii institution, res	7 4 0
FULL N. HOSPITA INSTITU	AME OF (IF L OR AI	NOT IN HOSPITA	AL OR INSTITUTION,	GIVE STREET	C. CITY OR TOWN		INSIDE CITY LIF	MITS?
27	Mer	cy Hospit	al		Baltimon	CG IMADED	YES 🔀	NO [
2/						verly Avenue		
S. SEX	6. RAC	_	7. MARRIED X NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Days Hours Min.
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done duris		life, even if retired)	B & O Rai		Pennsylva	ate or foreign country)	12. CITIZ	USA
3. FATH	ER'S NAME				14. MOTHER'S MA	IDEN NAME		
	nes F. Ma					. Zimmerman		
S. Was Yes, na o	Deceased Ever in unknown) (If yes	U. S. Armed For	ces? 1 6. SC s af service)	CURITY NO. 14-01-3774	17. INFORMANT			ADDRESS
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hear	does not med I failure, astheni y ar camplicatio ANTEC	NG TO DEATH on the mode of ia, etc. II means on which caused EDENT CAUSES ONDITIONS, if	the disease, death.)	(A)IMMEDIATE CA DUE TO, OR AS		hal Deforati		y menths
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BALTIMORE CITY HEALTH DEPARTMENT

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1,1		BALTIMORE CITY	HEALTH DEPARTMENT		A MEDO
	V 450	69 7578	CERTIFICA	TE OF DEATH	REG. NO	69 7578
	AME OF DECEASED e or Print) NOLA	Y, SYLVEST	ER. PAUL		10 HOUR OF DEATH	Lo An . M.
3. P	LACE IN BALTIMORE, MA	RYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It is	nstitution: residence before admission)
	L NAME OF (IF NOT	IN HOSPITAL OR INSTIT	UTION, GIVE STREET	Ma Seegoodes	10000000000000000000000000000000000000	ecological desirence of the second se
	TITUTION	SS OR LOCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
0	Echune Honn	e of blo shitel		BALTOUR	E	YES NO NO
2	2000	160 N.	BROWNY	E. STREET AND NUMBER		
5, 5	EX 6. RACE	7. 44400150	Blado way 2123.  V NEVER MARRIED	8. DATE OF BIRTH	ne Rd.	It Under 1 Yr. , It Under 24 Hrs.
	M W	WIDOWED	DIVORCED _	7/18/3802 1890	lost birthdoy)	Months Doys Hours Min.
done	ducing most of working life, or			11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	MICHAEL .		19	Mary Moore		
	Was Deceased Ever in U. S ,no or unknown) (If yes, give		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		213055089	Donnell P. Nol	an same	
	1B. 4 9 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CON			( ) ( )	0	100
	(This does not meon the	e mode of dying, e.g.,		A CONSEQUENCE OF:	nest.	
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	ANTECEDEN	IT CAUSES	che Con	geter Cardie Jack	m. E. Pula	Ochano.
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NO	OTHER SIGNIFICANT CONE					
ATIO	TO THE DEATH BUT NOT R	IVEN IN PART 1 (A).		***		
ERTIFIC	19A. DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
J	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exo	USE OF hor	ne, form, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(It in Boltimo	re City, give exact location)
EDI	21 D. TIME (Month) (E	Doy) (Year) (Hour) 21 E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	W	nile At Not While		/	
	22. I certify that (I) (th	is hospital) attended t	the deceased from \	uly 22	19 69 to Va	ule 23 19 69.
	that (#) (we) last sow th					inion death occurred on the date
1 1				riew the body after death.		
1 1	23A. SIGNATURE	1.0		•		23 B. DATE SIGNED
	Cezan 1	1. Fore	Z/ Who seem Phy	ending Med.  Director	Shaff Phys.	July 23, 198
	23C. PHYSICIAN'S	~ V - /	Y DEGREE	23D. ADDRESS		1 / 10
	CEZAR	1. LOPE	Z MD	CHUPCH.	HOME &	NO trosa in.
24A	BURIAL CREMATION, 24	B. DATE 24C. N	AME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (C	ity, town, or county (State)
	Burial	7/28/69 New	Cathedral	Bal	timore, Md.	
25A	JUL 28 1969	DEPT. 258. NAME	of registrar	25C. FUNERAL DIRECTOR	/	ADDRESS
VS 1	150-REV, 1/1/68					

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VS 151-REV. 1/1/68

### BALTIMORE CITY HEALTH DEPARTMENT

69 75	79MEDICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	101	9
1. NAME OF DECEASED (Type or Print)	PHILLIP HALI		2. DATE OF DEATH	Knawn 🗆 K	Month July	Day	Year	Hnur
4. PLACE IN BALTIMORE, N	MARYLAND, WHERE PRONG OT IN HOSPITAL OR INSTITUTI RESEA OR LOSATION		3. DATE	NCED DEAD	Month July	Day 24, 1969	Year	5:35 P.,
Univ	ersity Hospita	-12-09	A. STATE	SIDENCE (Where aryland		B. COUNTY	1	elare admission) 205
6. SEX 7. RACE	B. MARRIED WIDOWED	NEVER MARRIED	C. CITY OR	rown altimore		D. INSIDE CITY		мо 🗆
9. DATE OF BIRTH - 2 <	10. AGE (In years HU	nder 1 Yr. II Under 24 Hrs. ths: Doys Hours Min.		ND NUMBER	vale S			NO L
11. BIRTHPLACE(State or love	ingn country) t2.	TIZEN OF WHAT COUNTRY?		hN				
14A.USUAL OCCUPATION (G dane during most al working lile, a NA A Chm AN	eyen if relired) HEch	t may	ALI	CX .	ALL	EN		
16. WAS DECEASED EVER IN (Yes, no or unknown) (il yes, give	N U.S. ARMED FORCES?  Wor or doles of service)  145 ~ // 25 ~ 45	17. SOCIAL SECURITY NO.	ANN'S	31	313	E. LAI	NUA	LE J
DISEASE OR CON LEADING 1 (This does not mean the heart foilure, asthenia, et injury ar camplication with the control of the co	O DEATH  e mode of dying, e.g., tc. It meons the disease,	Hypertens  (A)IMMEDIATE OF DUE TO, OR	ive and	cardiova				PROXIMATE INTERVAL BEN ONSET AND DEA'
RISE TO THE ABOVE C	TIONS, IF ANY, GIVING AUSE (A) STATING THE	(B)	as a conseq	UENCE OF:				
O THE DEATH BUT NO	II  DIDITIONS CONTRIBUTING  OT RELATED TO THE TERMINAL  N GIVEN IN PART 1 (A).							
20A. DATE OF OPERATION	ON 208. CONDITION FOR	WHICH OPERATION W	AS PERFORME	D		2		PSY? (Yes or No)
UNDERLYING OR COLUTING CAUSE OF DE	NTRIB- home	PLACE OF INJURY(e.g., , farm, foctory, street, alfic	in or obout 22 e bldg., etc.) IN	C. WHERE DID ( JURY OCCUR?	II in Boltimor	e City, give exact l	ocation)	
OF INJURY (APPROX.)	(Day) (Year) (Hour) 2		WHILE CORK	F. HOW DID IN	URY OCCU	IR?		
ACTUAL SIGNATURE	held an Inquiry 🗌	Inspection Au	tap sy X le Har C ASSIS	and that an the nicide like the like th	Jndetermir XAMINER XAMINER			date signed 1969
24A. BURIAL CREMATION, REMOVAL (Specify) DUMAL 25A. DATE REC'D BY HEATH	7/28/69	C. NAME of CEMETERY  OF REDISTRAR	pry	JNERAL DIRECTO	OCATION R	(City, town, or	Msk	(State)

Marriage Record of Deceased to Anna and her Affidavit 8-12-69 Hall M.H.

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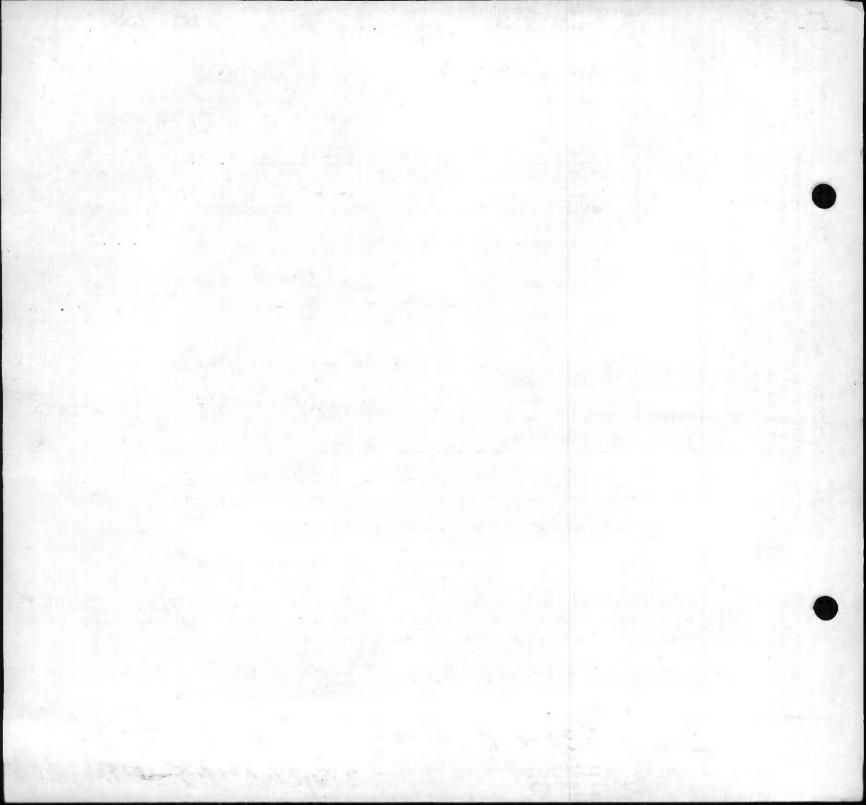
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approved

INERAL DIRECTOR: IMPORTANT	IMPORTANT
chief medical examiner	chief medical examiner or his assistant if death occurred in a hospital and
y a medical examiner.	a medical examiner. Also, if the direct or contributing cause of death 6
Body burns; (3) A fractu	re of any kind; (4) Undetermined cause; (5) Deceased
the physician who pro	mounced death was in regular attendance on the
ysician was in regular	ysician was in regular aftendance on the deceased prior to death. Such
e the remains are emba	+ the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE 8. COUNTY MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR BATLMORE D. INSIDE CITY LIMITS? YES BALTIMORE CITY HOSPITALS NO 4940 E. STREET AND NUMBER BALTIMORE, MARYLAND 21224 1619 MILLIMAN ST. 21231 8. DATE OF BIRTH 9. AGE (In yeors 5. SEX If Under 1 Yr. Months: Doys 6. RACE 7. MARRIED NEVER MARRIED If Under 24 His. Hours lost birthdoy 53 4-18-16 MALE NEGRO WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) VIRGINIA II.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM HARRIS VIRGINIA TYLER ADDRESS IS. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. BCH RECORDS-4940 EASTERN AVENUE, BALTOL MD. 216-10-5072 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury or complication which coused deoth,) EUMON, H ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE rise to the above couse (A) stoling the UNDERLYING CONDITION last. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RONIC RENAL EDILURE CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED YES (6) No ph) ined before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) obtained 21D. TIME (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 0 that ((1))(we) last saw the deceased alive on. pe ond hour and from the causes stated above. (1) (We) (did) (did max) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Staff Phys. 0 Director. HYSICIAN'S 23D. ADDRESS approv NAME (Type) BALTIMORE MARYLAND 21224

and that in (my) (our) opinion death occurred an the date JACK R. WAND, MD BALTIMORE 4940 EASTERN AVENUE DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMSTERY OF CREMATORY 24D. LOCATION town, or county) MUNERAL DIRECTOR VS 150-REV. 1/1/68

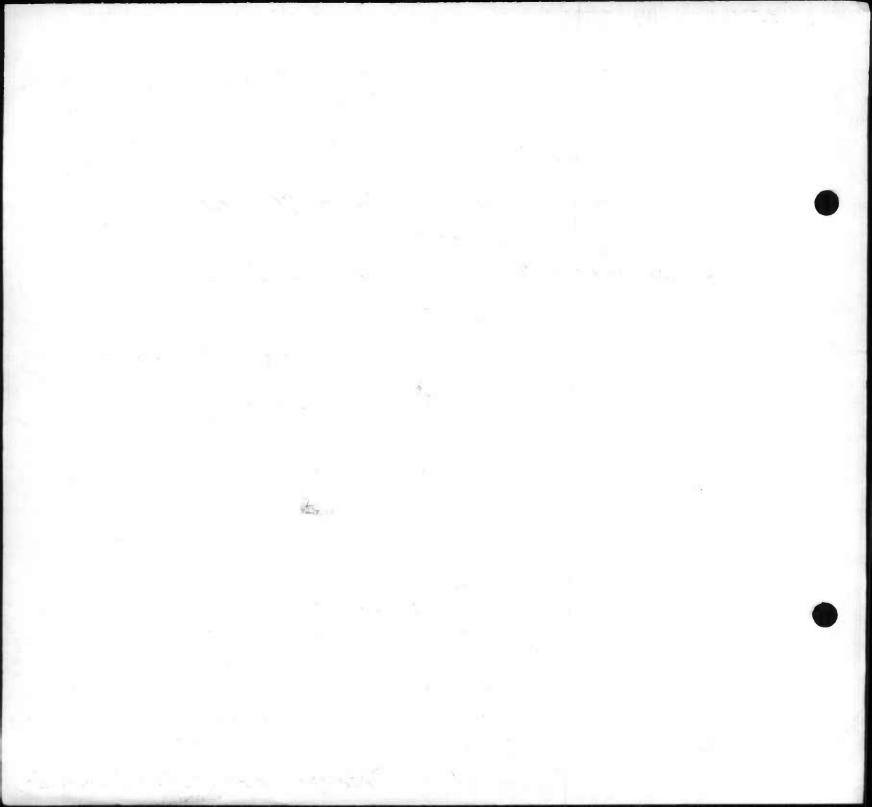


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); written approval must be obtained before the remains are embalmed or final disnocition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

Ш	100T	100T
BI	RTH NO. CERTIFICA	TE OF DEATH REG. NO.
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	MAMIE G. COSTON	JULY 27, 1969 1 9:50 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
EH	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 402
"		C.CITY OR TOWN  D. INSIDE CITY LIMITS?  VES TO NO.
2	UNIVERSITY OF MARYLAND	E, STREET AND NUMBER
	SEX 6. RACE . TO MARRIED TO ALTRICO MARRIED TO	221 N. FREMONT AVE., APT. 108
	WIDOWED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In yoors lost birthday) If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min,
10.	A. USUAL OCCUPATION (Give kind af work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	DOMESTIC PUTTAMILY	VIRGINIA U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN GANNER	FANNIE LIMASTONE
15. (Ye	Was Deceased Ever in U. S. Armod Forces?  16. SOCIAL  SECURITY NO.	17- INFORMANT ADDRESS
	NO 212057951	HOSPITAL CHART
Г	18. A CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	,
	LEADING TO DEATH  (This does not meon the mode of dying, e.g., (A) IMMEDIATE CAU	
	heart failure, asthenia, etc. Il means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES Atheros	scleratic Coronary Art Dis.
	WILL CEPTIFIC CHOSES	A CONSEQUENCE OF:
	luse in the opule chose ful stollid life	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	10000000000000000000000000000000000000
z		22,425
ATIO	The second por troi were to the tending	BETER MELLITUS 28 YRS.
FICA	1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIFIC/	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	or obout 21C. WHERE DID (II In Boltimore City, give exact location)
EDIC	21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	
ME	OF INJURY (APPROX.)  While At   Not While Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (#) (this hospital) attended the deceased from 3 that (1) (we) last sow the deceased alive on 10 PM 7/2	
		7 19 69 and that In(my) (our) apinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	
	Man A Hon Man Alten	ading Med. Staff (2)
	23C. PHYSI CIAN'S Phys.	Director Phys. D
	NAME (Type)  MANUAL TYPE)  MANUAL TYPE  M.D.	ONIN- OF MID HOSP.
24/	DEGREE  A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY OF CREATIONS	REDWOOD - GREENESTS, BALTO., MJ
	Bur 1/20 2/31/69 MA DUDUNN	Bayer M) (Stote)
25	A. DATE REC'D BY HEALTH DEPT.   258, NAME OF REGISTRAR	
	JUL 28 1969 Valent El Jaken 1 0 0	Mars de Llenger (38 N 612 m or C+
1		7



ACTUAL SIGNATURE.

EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION,
REMOYAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

JUL 28 1969 Jober & 25B, NAME OF REGISTRAR

Charles S. Springate, M.D.

24C. NAME of CEMETERY or CREMATORY

MEDICAL EXA		ALTH DEPARTMENT CERTIFICATE OF	DEAT	H REG. NO.	69	7582	
I. NAME OF DECEASED (Type or Print)  ISABELLE DORSEY		2. DATE Known COF DEATH Estimoted C	Month	Day	Year	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEAD	Month July	17, 1969	Year	Hour 12:18	P <sub>M.</sub>
302 E. Lanvale Street	A. STATE Maryland	deceased liv	B. COUNTY	12	efare admission	n)	
Female Negro WIDOWED	DIVORCED D	C. CITY OR TOWN Baltimore		D. INSIDE CITY		vo 🗆	
15 - 9 - 1920 lost birthous Months Do	Yr. If Under 24 Hrs.	E. STREET AND NUMBER 302 E. La	nvale	Street			
1. BIRTHPLACE(State or foreign country)  12. CITIZE WHAT  4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSIN	COUNTRY?	13. FATHER'S NAME	nse	y,			
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. S	OCIAL	alle Co X	eght	Foox.	RESS	1	
Yes, no or unknown) (II yes, give wor or doles of service)  19.	CAUSE OF DEAT	Offile Dor	sey.	5176	The	eston ROXIMATE INTER	S
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Confluent bronch	opneum	onia	BETWE	EEN ONSET AND	DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)IMMEDIATE C DUE TO, OR A	S A CONSEQUENCE OF:					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(8) DUE TO, OR A	AS A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************				*************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH						Sy? (Yes or N ial) Yes	0)
UNDERLYING OR CONTRIB-	toctory, street, office	n or obout 22C. WHERE DID (I bldg., etc.) INJURY OCCUR?			location)		
22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.]NJ OF INJURY (APPROX.)  23.  WHILE A WORK	AT WO	MHILE CORK COLORS	URY OCCU	R?			
	ection Auto	opsy and that on the		leath in my op	inlon		
(10)	5	CHIEF MEDICAL EX	r				

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

259 PUNERAL DIRECTOR

24D, LOCATION

DATE SIGNED

(Stote)

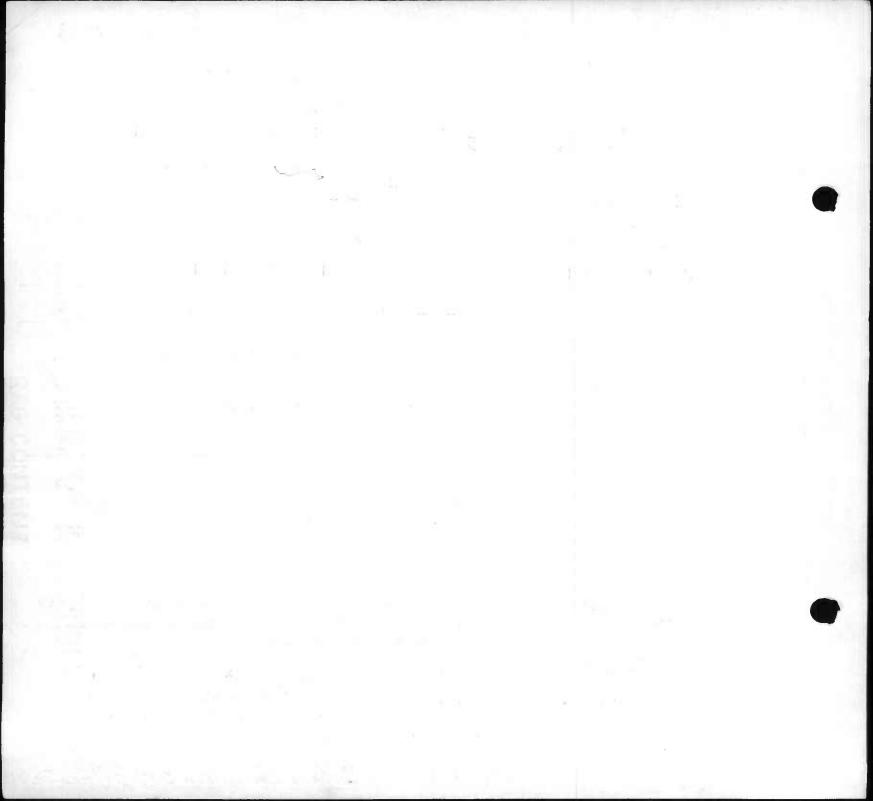
July 17, 1969

(City, town, or county)

ADDRESS

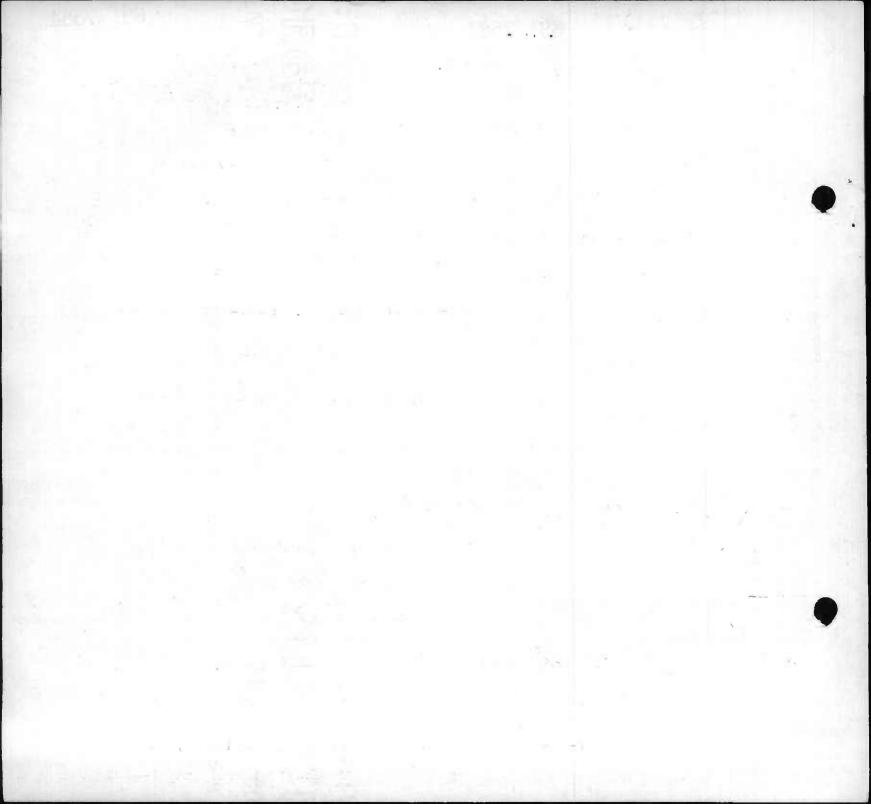
The standard and the den a leg (USE). Leg contraction The state of the s

	<	3-361 69 7583 CEPTIFICA	HEALTH DEPARTMENT	
T C T A C			TE OF DEATH REG. NO. 69 758	3
and eath ased the Such		RTH NO.		
de de on on s	(Ту	pe or Print)  JOHN SATTERFIELD	July 19, 1969 11:00	M.
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before A. STATE  B. COUNTY	odmission)
2 3 2 2 7		ILL NAME OF OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYLAND /OO/	
se;	IN:	STITUTION THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS?	
_ ~ ~		BALTIMORE, MD 21205	BALIMURE YES NO	
T.E V V.E .	5		1034 VALLEY STREET	
rribut nined gular ed p	5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	lost historial Monthsi Days i House	nder 24 Hrs.
Saera	1	MALE NEGRO WIDOWED DIVORCED	1-1-00	
ath codete	t0A don	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of loreign country) 12. CITIZEN OF WHA	COUNTRY?
nd nd		NETWOO!	Baltimore) mg	
if dea rect or (4) Und was the d spositi	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
directly (4) th won the		JOHN SATTERFIELD	ELIZABETH GRIFFIN	
kind; death	15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
Stab Si		213-03-4041	Mary Batson 2816 Rigg on	8
- 0 0 0		18. CAUSE OF DEAT	APPROXIMAT	E INTERVAL
C 0 T E D D		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
AOCEE		(A)IMMEDIATE CAL	SE Cerebrovascular Accident 20 ho	urs
er. ttur ttur ar		heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
3 C . a a z E			oma of Prostate, Metastatic 5 yea	re
B 0 0		(B) Cal Cliff	oma of Prostate, Metastatic 5 yea.	
e X C C		rise to the above couse (A) stoting the		
5 0 . C		\\/_/**********************************	***************************************	***************************************
medical burns; hysicia In was remain	NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ESOAEL	ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************	
4 - 5 : 2 s	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
C	ERT	none none	IES	
4125	AL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in large of the contribution of the contributio	n or obout 21 C. WHERE DID (II In Soltimore City, give exact location fice bidg., INJURY OCCUR?	)
Sie S Z Z Z	DIC	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
he hosp ny natural except v and (6)	ME	OF INJURY While At   No! While		
ov n n n p n tai				10 69
			69	19
of of of of h)		that (I) XXXX last saw the deceased alive an July 19	111111111111111111111111111111111111111	in the date
dent of death must be		and haur and from the causes stated above. (i) (*(37) (did) (did not) v		
uside ide ide ide m		Merical Kanada MM Atte	nding Med. Stoff M July 19, 1	969
a harto		DEGREE	nding Med. Shoff July 19, 1	202
y was r y was r 1) An a ).A. at d prior		NAME (Type) David J. Pierson, M.D.	Medical Service, Johns Hopki	
-	244	DEGREE	Hospital, Baltimore, Md. 212	
L'A O o C		REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county)	(Stote)
	1	Durial 1-23-67 MIN Galva	ry Com Willill	100
This the show was dece	1 23 A	1111 28 1969 Robert E. Jaiber 18.	25C, TUNERAL DIRECTOR ADDRESS	to Co
40 70 7	VS	150-REV. 1/1/68	Mufaer Danders 217 & Tre	pien of



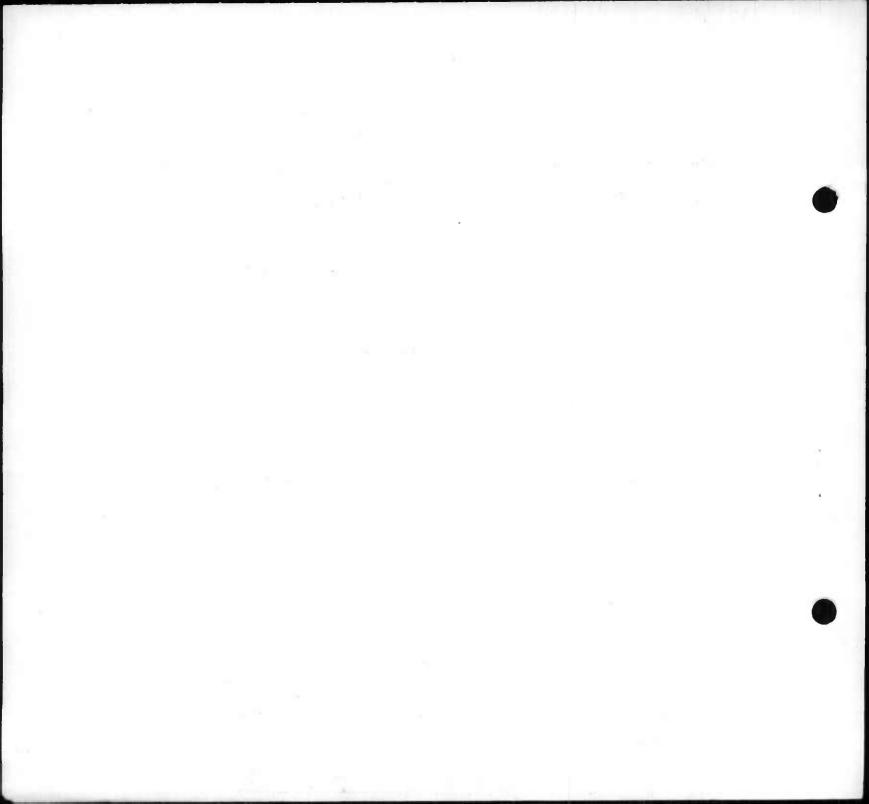
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT 69 7584
	A-200 69. 7584 CERTIFICA	TE OF DEATH REG. NO.
		DATE AND HOUR OF DEATH
	(Type or Print) Loesch, Helen S.	7-23/69 10 40
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USNAL RESIDENCE Where deceased live Blanting redence before admission
1	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION GIVE STREET	CHAPEL HILL NURSING HOME. 1538
- 1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	SINAI HOSPITAL OF BALTIMORE	BALI/MOKE YES NO
	42	E. STREET AND NUMBER
de.	S. SEX   6. RACE   7. MADDIED   NEVED MADDIED	3625 Fairview Avenue  8. DATE OF BIRTH  9. AGE (In years
made.	Female "White "Never Married   Never Married	8. DATE OF BIRTH 9. AGE (In years li Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
.5	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
ion	done during most of working life, even if refired)	BALTIMORE U.S.A.
sit	Saleslady - Hecht Company  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Total D. Eugli	Helen Stewart
	Jacob D F'unk  15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
final	(Yes, na or unknown) (If yes, give war or dates of service) SECURITY NO.	1 1 6 5 1 - 4 2/25 5 1 - 4
	NO 213-09-4679	Jacob G. Eckert-3625 Fairview Avenue
0	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
peu	LEADING TO DEATH	SE SEPTICEMIA.
alm	Tills does not mean the mode of dying, e.g., IV DUE TO, OR AS A	A CONSEQUENCE OF:
d m	injury or complication which caused death.)	nur - In feeted would
9	ANTECEDENT CAUSES	A CONSEQUENCE OF
ar	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF
ns	UNDERLYING CONDITION lost. (C)	
remains	Z OVIET SIGNISISANI SONDVIONIS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
before the	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9	Fx head left femu	2 NB
fo	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	ice bldg, INJURY OCCUR? (II in Boltimore City, give exact location)  Chapel Hill Hurry
	NORST IL HOL	ne 6-3401 Home
ained	21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED (APPROX.) 6-30-69 7 While At Wark	She Jell.
		/ /-
opt	22. I certify that (I) (this haspital) attended the deceased from	-30 1969 10 7-23 1969,
pe	that (I) (we) last sow the deceased alive on	19 O and that in(my) (ex) apinion death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat) vi	iew the body after death.
must	1. Baugelas M.V. Attol	nding Med. Staff X 7-23/69
DA	23C. PHYSICIAN'S	Director Phys. 23D. ADDRESS
approval	NAME (Type 10 BANDEARS M.D.	SINAI HOSPITAL of BALTIMORE
	DEGREE  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
ritten	Burial 7-26-69 Loudon Park Cer	
Ė	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
3	VS 150-REV. 1/1/68	A7 macost Funeral Chapel-4600 Liberty Hts
	TO THE PARTY OF TH	



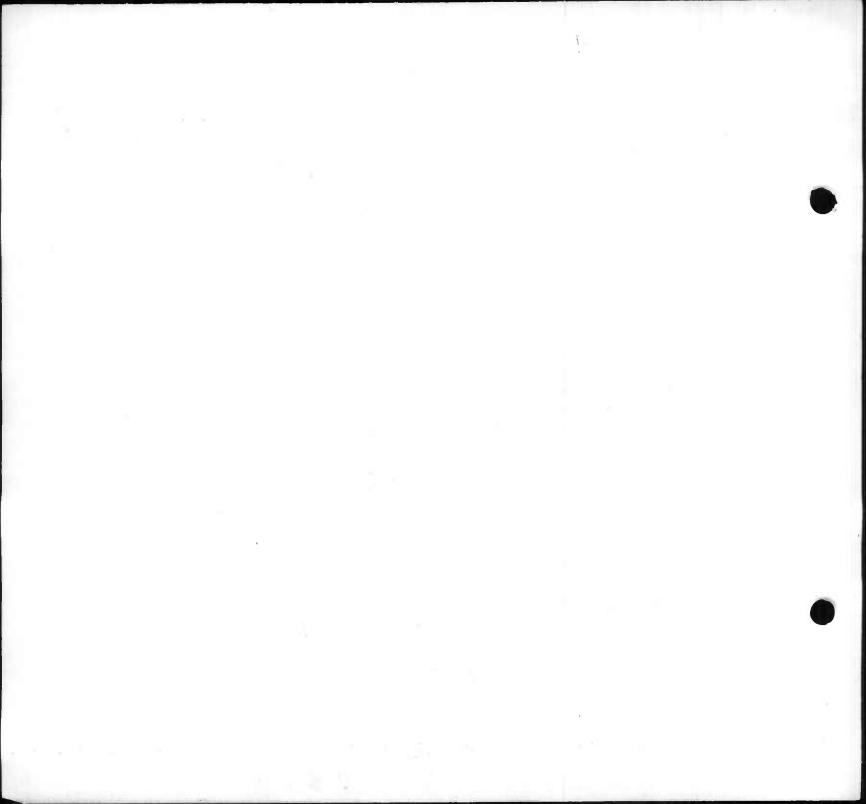
TANT
IMPOR
SIRECTOR:
FUNERAL D

7.02.5	BII	B-30	3-122	69	75	85	CERTIFICA	HEALT	TH DEPARTMENT	RE	G. NO	69	7585	5 4
f death eceased on the h. Such	1,1	NAME OF DECE	ABY	Bo			Y D			AND HOUR	OF DEATH	1 6	7 and	
of d of d Dece on ath.	3.				/			II4. USU	JAL RESIDENCE (W	hero decease	22	69	300	Am.
hosp Jse (5) and dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								4. USUAL RESIDENCE (Where deceased lived. If institution: rasidence before admission)  A. STATE  8. COUNTY  Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
buting cat buting cat ned cause; lar attend d prior to	The Johns Hopkins Hospital								Baltimore YES NO					
occurre ontribut ermined regular eased p	N	Male	Negr	0	WIDOWED	$\overline{\Box}$	EVER MARRIED A	7/	19/69	9. AGE (In fost birthdo	yl	II Under Months	2	
ec net	don	e curing most of w	orking life, eve	n if retired)	IOB. KIND O	F BUSI	NESS OR INDUSTRY					1	ISA	COUNTRY?
direct or direct or ; (4) Und th was on the d	13.	FATHER'S NAM	E						THER'S MAIDEN N					
dir di; (di)	15.	Was Deceased E	ver in U. S.	Armed For	-0.5?	116.5	OCIAL		Eunice Bo	oya				
ist he he ce ce	(Ye	s, no or unknown) (	Il yes, give	wor at dote:	s of service)		ECURITY NO.	IV. INFO	ZKMAN I				ADDRESS	
f t		18.	/ 1/			1	CAUSE OF DEAT	H					APPROXIMATE I	NTERVAL
his of an or		DISEASE OR CONDITION DIRECTLY  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
Also re of noun atte		This does no	EADING TO mean the	mode of	dying, e.g.,		V/							
er. ctu pro lar		IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)												
fraction of the company of the compa		At	NTECEDENT	CAUSES			10 PRE1	MAT	URITY					
xan xan xan wh wh		DISEASES OR	CONDITIO	ONS, il o	iny, giving		DUE TO, OR AS				**********			
000 = =	I The state of the													
medi buri buri buri chysi	ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR COL	BUT NOT RE	LATED TO TH	E TERMINAL		SLEREA	nA	NEONA	TORU	m			
hie ody he sici	CAL CERTIFIC	19A-DATE OF C	PERATION	WAS PERF	ORMED		OPERATION		AUTOPSY? (Yos or ) YES	1N CERT	ES, WERE FING CAL	FINDINGS C USES OF DI	ONSIDERED	
No of he		21A. A CCIDENT OR CONTRIBUTE DEATH (notify m	redicol exomi	neñ	etc.	) lon	E OF INJURY (e.g., i n, foctory, sheet, of	or obout	121C. WHERE DID INJURY OCCUR?	(16	In Boltimore	e City, give	exoct locotion)	
hos natu	ME	(APPROX.)	Month) (Do		Wh Wo	ilo At	☐ At Wark	· 🗆	21F. HOW DID IN		R?			
0+ E 0 00		22. I certify th					ceosed from	7/	19	1969 1	0	7/	L.S. 19	69
ロヤギニろる		that (I) (we) is						19	69 ond 1	hot halmy	(our) oplr	ion death	accurred an	the date
leased sident or hospital or death		23A. SIGNATURE	ram the ca	USES STOTE	a andve.	(πε	(dld) (dld not) v	ew the	body after death	•		238, DATE	SIGNED	
E		Car	mela	- Z.	are	lo	M.D. Atter	ding _	Med.	Shaff Phys.		2/	22/6	9
was r An a An a C prior	1	23C. PHYSICIAN NAME (Typ						3D. ADD						
certificate body was r vs. (1) An a D.O.A. at ( assed prior ten approv	24A	Cal	mela	L. To	ardo,	AMF -	M.D. DEGREE		Johns H	_				10.
ws: (1	_	rematio	ecity)	/23/6			Hopkins			Ol N.		y, town, or	Balto.	(Stote)
This cert the body shows: ( was D.O decease written		28 196		DEPT.	258. NAME O	OF REG			FUNERAL DIRECTO	R	ISPO		ADDRESS	, Mu.
	VS	150-REV. 1/1/68					7	2	TENOTI	Lyn	TOLA	DAL		



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	R-534 BIRTH NO. 199-128716	9 758		TE OF DEATH		69 7586				
	(Type or Print)	BABY BOY	Y RANDALL	2. DATE	AND HOUR OF DEATH	9 330 A				
	3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE ()	Where deceased lived, If	igstitution: residence before odmission)				
	FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR LINSTITUTION	SPITAL OR INSTI	TUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	Α.Α.	5210				
	33THE JOHNS HO	PKINS HO	SPITAL	ANNAPOLIS	R	YES NO .				
	5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	83 N. WES						
	MALE NEGRO	WIDOWED	DIVORCED	7 16 60	9. AGE (In years lost birthdoy)	Months Doys Haurs Min.				
	OA, USUAL OCCUPATION (Give kind of fone during most of working life, even if retir	work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	loreign countryl	12. CITIZEN OF WHAT COUNTRY?				
I	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
				HARRIETT						
	5. Was Deceased Ever in U. S. Armed Tes, no or unknown! (If yes, give war ar	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
	, , , , , , , , , , , , , , , , , , , ,	iones of servicer	SECURITY NO.							
	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	CAUSE OF DEATH	ř.	RV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Chis does not meen the mode of dying, e.g., heart loiture, asthenia, etc., it means the disease, injury or camplication which coused death.)  CARDIOPULMONARY  (A) IMMEDIATE CAUSE TNSUFFICIENCY  DUE TO, OR AS A CONSEQUENCE OF:									
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, II ony, giving  DUE TO, OR AS A CONSEQUENCE OF:									
	inse la lhe above couse IA) staling the UNDERLYING CONDITION lost. (C) SEPTICEMIA									
1000	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	THE TERMINAL	BNOX	C BRAIN	DAMAGE	00000000000000000000000000000000000000				
Cartelo	19A-DATE OF OPERATION 19B C	ONDITION FOR 1	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
IV.	J 21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., in e, form, foctory, street, aff	or about 21C. WHERE DID	(If In Boltimor	e City, give exact location)				
AAED	OF INJURY (Month) (Day) (Yes		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?					
11	TAPPROXI	Wor								
	22. I certify that (1) (this hospi	al) attended t	ne deceased fram	7/17	19 69 10 7	124 19 69				
that (1) (we) last saw the deceased alive on 7/24 19 6 / and that In (my) (aur) aphilan death accurred on the de						nlan death accurred on the date				
and haur and fram the causes stated above (I) (We) (did) (did nat) view the bady after death.										
		Tara	Atten	ding Med. Director	Shaff Phys	23B, DATE SIGNED				
	23C. PHYSICIAN'S NAME (Type)		23	3D. ADDRESS	9					
24		ARDO	DEGREE	THE JOHN		HISPITAL				
	A. BURIAL CREMATION, 24B. DATE		ME of CEMETERY OF CREA			ly, town, or countyl (Stotel				
25	Cremation   7/23	/69 JO	hns Hopkins	_	01 N. Broa					
	JUL 28 1969 Table			25G. FUNERAL DIRECTO	TEAT, DISPO	SAT. ADDRESS				
VS	150-REV. 1/1/68			- LUNDIL	TATT DINT	J N July Ind				



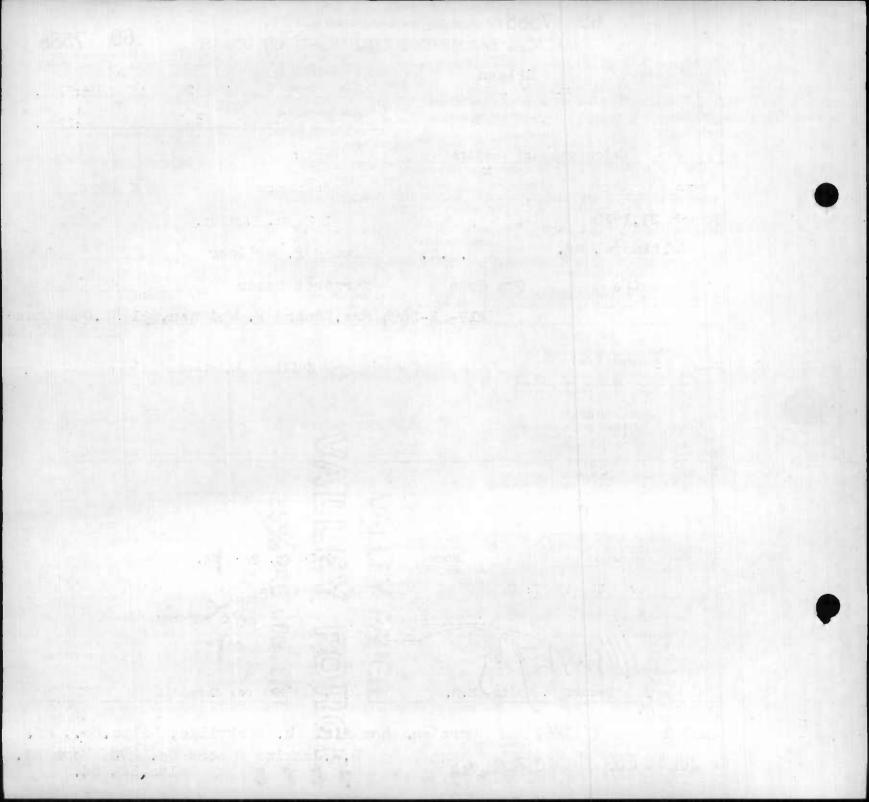
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	11 //1 00 000	BALTIMORE CITY	HEALTH DEPARTMENT		
1	11-460 69 7587.	CERTIFICA	TE OF DEATH	REG. NO.	7587.
11-11	TH NO.			HOUR OF DEATH	
(Ту	oe or Print Christian J. Mi	lleR	7/26	109 2:10 P.M.	м.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where A	deceased lived. If institution:	residence belore admission)
Ho	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)	N, GIVE STREET	C. CIPLOR TOWN	D. INSIDE CITY	1201 MMTS?
12	UNION MEMOR	IRU HOSE	BALTO.	(YES [	NO 🗆
1	BALTIMORE, MD,		E. STREET AND NUMBER	W. PKy.	
5.	6. RACE 7. WARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 89 10:	AGE (In years If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	ROWS POIN	11. BIRTH LACE (State or foreign	country) 12. CtT	ZEN OF WHAT COUNTRY?
5	HIP-BUILDER - SUPI. SH	IPYARD	BA140, ME	) v	SH
13.	TACOB MILLE	R	14. MOTHER'S MAIDEN NAME	MUST	MOOG
15. (Ye	Was Deceased Ever in U. S. Armed Forces? sand a unknown) (III yes, give war at dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO 2/3	6 1 1 0 1 1	MRS, C.J.	Miller-116	WUNIU PKY
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	luent Brunch	орнесточна	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	LINECHONIA	INFARCTION	MIMEDIATE
	(This daes not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:		
	injury or camplication which caused death.)  ANTECEDENT CAUSES	0.000		(68)	
}	DISEASES OR CONDITIONS, if any, giving	(B) TTO V	A CONSEQUENCE OF:		
	rise to the obove cause (A) staling the UNDERLYING CONDITION last.	(-)			
	ONDERENING CONDITION last.	(C)	Et10 UDGY		***************************************
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LINIV WOUL	N. PULMON	RY DISEASE	
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ONLP		((PUV)	
CERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes of No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, is	CE OF INJURY (e.g., i	n or about 216. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct location)
CAL	DEATH (notily medical examiner)	LOVE	Mice Sidgi, INSORT OCCOR.	7	
MEDI	OF INJURY	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.) While A	Not Whil	9.	10 1/01	10
	22. I certify that (1) (this hospital) ottended the d	eceased from	7/16 19	69 10 11 86	19.6.4.
	that (1) (we) lost sow the deceased alive on	1/26	19	in (m() (our) binion de	oth occurred an the date
	and hour and from the couses stated above (1) W	e ((did) did not) v	iew the body after death.		1 1
	10-B. Chen H.O.	DEGREE Atte		roff 23 B. D.	126/69 ·
	23C. PHYSICIAN'S NAME (Type) 11.00 UP 1 R CLOR	1.D.	CINION MG	M. HOSP	22 276
24.	PEAAOVAI (Specify)	of CEMETERY of CR	MATORY 24D. LOC	CATION (City, town,	or county) (Stote)
E	NTOMBMENT 30/69	merany	Wo	SODLAWN, I	up.
25.	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF R	EGISTRAR	25C, FUNERAL DIRECTOR	JAIS X 8 OV	ADDRESS .
	JUL 60 1202 Japens of Larborn	4 0	4905	JORK RUA	9 CACTONA
VS	150-REV. 1/1/6B				

MARYSHM ULLION MOMOR OF HOSE BALTON 116W UNIV. PRY BALTIMORE, MD. SHIP BUILDOR BUTTO, MD. USER JACOB MILLER ANDA MUSE A HRS.C.J.M. HER. ILLUVIUM Myb(debut Hepetius /PH-This ASCUD CHE HOWN'S PULMOUSEN DESCREE None D.14 CHUICK MEM, HOS'D HARVEY BI KOR WOODDAWN, MD. 对他们在我们是"我们"。

7588 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO RIRTH NO 1. NAME OF DECEASED Eileen 2. DATE Known T Month Doy Year (Type or Print) OF Estimoted 26 Margaret / Allen 69 11:37 D.M. DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 26 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before admission) B. COUNTY Union Memorial Hospital Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS 6. SEX 7. RACE B. MARRIED NEVER MARRIED female. white WIDOWED DIVORCED YES X NO Baltimore 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years last birthday) Months, Days, Haurs, Min. March 23.1926 2624 St. Paul St. 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore, Md. DALTIMORE, Md. U.S.A. Edward P. Weidner done during most of working life, even if retired) Housewife Margaret Speer Home 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT ADDRESS 17. SOCIAL SECURITY NO. (Yes, na or unknown) (Il yes, give war ar dates of service) 219-22-2694 Mrs. Edward P. Weidner, 621 St.Dunstans DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Multiple injuries (This does not mean the made of dying, e.g., heart lailure, asthenio, etc. It means the disease, injury ar camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)\_ 20 **FICATI** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTII 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (II in Baltimore City, give exoct location) hame, larm, lactory, street, affice bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB home 2624 St. Faul St. UTING CAUSE OF DEATH. 22D. TIME (Month) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Day) OF INJURY NOT WHILE WHILE AT (APPROX.) 26 69 7:10p. x jumped from roof

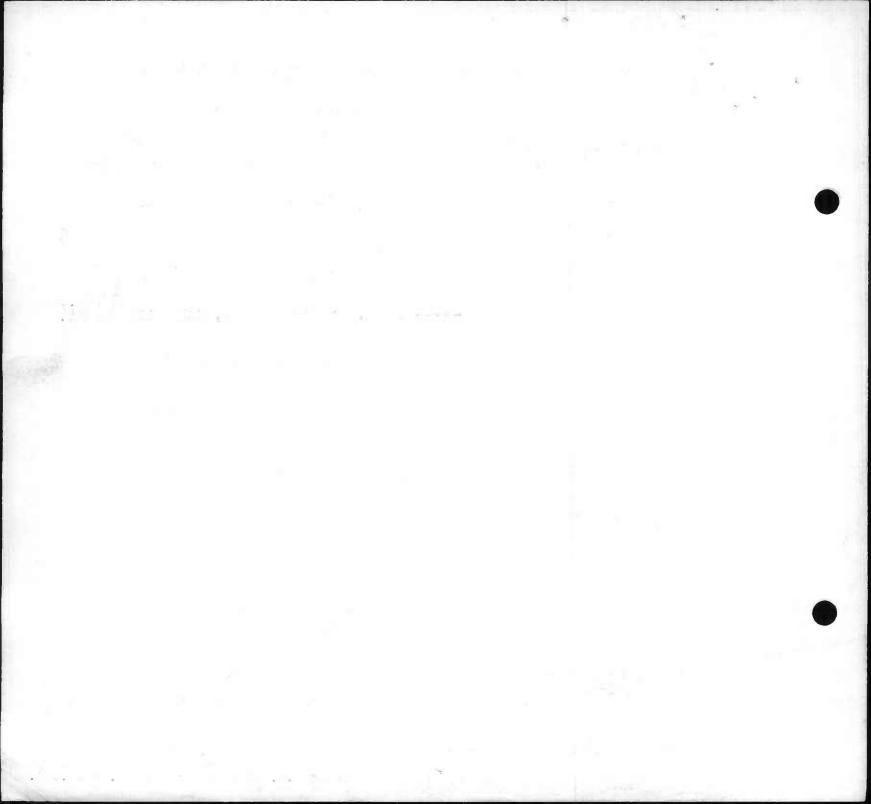
APPROXIMATE INTERVAL Rd 1 certify that I held an Inquiry Inspection & Autopsy and that on this basis, death in my apinion resulted from: Natural causes Suicide X Accident Hamicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE! M.D. ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner EXAMINER'S 7/27/69 Werner U. Spitz M.D. NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, ar county) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Moreland Memorial Pk. Barkville, Balto, Co., Md. Burial 2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Robert E. Jaben M.D. VS 151-REV. 1/1/6B



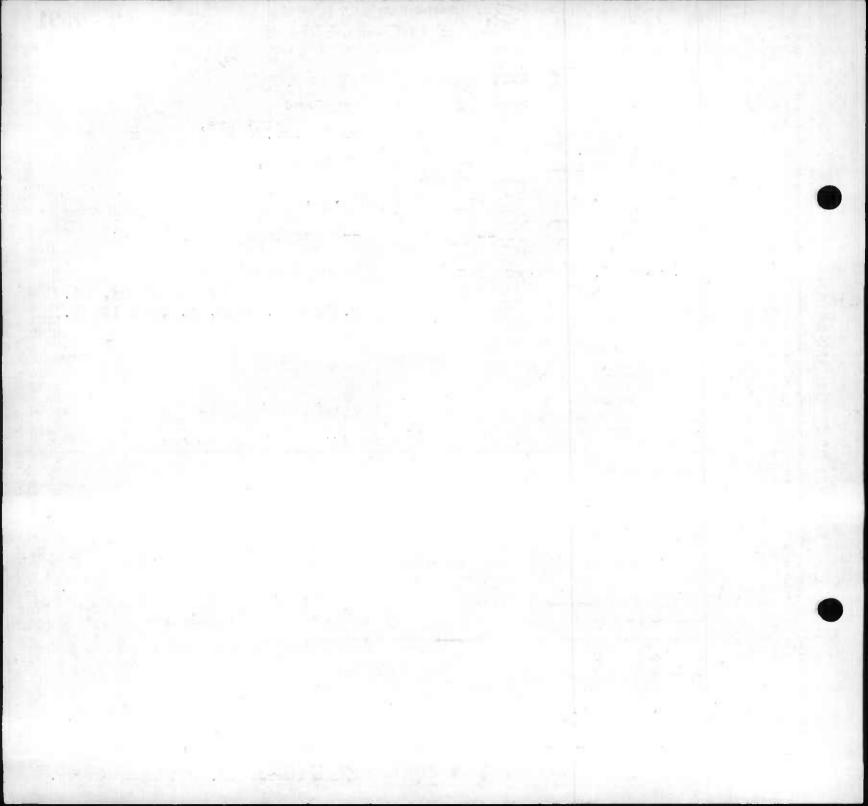
T 4 h /	
17 05 0 69 7580	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 448 3790
1. NAME OF DECEASED	2. PATE AND HOUR OF DEATH
Cillian Graham LR	AZER July 26, 1969, at 6.45 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived II institution; residence before admission)
First Name of the Control of the Con	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2/02
Sinai Hospital of Baltimore, Inc.	D. HASIDE CHI LIMINS
Sinai Hospital of Ballimore, Inc.	Saltimore 21.2/4 YES NO
142	
5. SEX   6. RACE   7. MARRIED   AUTHOR MARRIED	B. DATE OF BIRTH 19. AGE (In verse ) if Under 1 V. If Hader 24 Mar.
T O MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years if Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.
Female White WIDOWED DIVORCED	110v.14,1900 68
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lifs, sven if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER OWN HOME	BALTO, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WALTER GRAHAM	AGNES SHIPLEY
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 2/2-30-1995-	Dr. KOICH NAGAMINE. SIMAI Hospital
18. CAUSE OF DEAT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	D 11/
LEADING TO DEATH    This does not meen the mode of dying, e.g., (A)   MMEDIATE CAL	
heart loilure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	MA MINT - BID
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	no maco reco
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	al Vascular Sisorder
	20A. AUTOPSY? ( No.) 20B. IF YES. WERE FINDINGS CONSIDERED
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CATCHO WAS 19 WOOD  21A ACCIDENT WAS UNDERLYING 12 12 PLACE OF INJURY (a. 1)	20A-AUTOPSY? West-or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION OF	or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	lice bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At   Not While	
Work LJ At Work	<u> </u>
22. I certify that (1)(this hospital) attended the deceased from	1969 to 7/26 1969
that (i) (see) last saw the deceased alive on 2/26	
and haur and from the causes stated above. (1) (We) (dld) (did we) v	lew the body after death.
23A. SIGNATURE	23 B. DATE SIGNED
I DO CALL (MANUS ANNA )	Iding   Med. Staff Phys. Let July 26, 1868
23C. PHYSICIAN'S	3D. ADDRESS
DA KAICHI MACAMINE	Similly 11th OSI B. Others 1
24A. BURIAL CREMATION, 24B. DATE   24C, NAME of CEMETERY OF CRE	MANOR TOUPING DAYATHORE, INC.
REMOVAL (Specify)	MATORY (24D. LOCATION (City, town, or county) (Stote)
Burial   7/30/69   Baltimore Nat	ional Baltimore, Md.
25A. DATE REC'D BY HEATTH DEPT PER THE OF A CONTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL NO 1000 July	He We Jenkins & Sons Co. 4905 York R
VS 150-REV. 1/1/68	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the wind deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BIRTH NO. 69 (184) 69 7590 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEAT	54 7500							
-	1. NAME OF DECEASED	JE AND HOUR OF DEATH							
	CALLIS, Vewise Danielle 7	123/69 730 p.m							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE A. STATE 8.	IWhere deceased lived. If institution: residence before admission)							
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN	Ballimone 2005							
	University Hospital Ballix	NOTE YES NO [							
	2123 W	ilhelm street.							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (in years II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.							
	WIDOWED DIVORCED 3-14-6  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State	9 4 mas. /							
	done during most of working life, even it retired)  Mary	land 12. CITIZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME	N NAME							
		ina Bassett							
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	Balto., Md							
		Callis, 2123 Wilhelm St.							
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	LEADING TO DEATH	as cuseA-							
	(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. II means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES  (9)  ROSTONE	Lead feiglise							
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
	UNDERLYING CONDITION lost. (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	tal defect							
	✓ [DISEASE OR CONDITION GIVEN IN PART I (A)	hipperlein as feelure							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYOS WAS PERFORMED Septem decent of the condition of	OF NO. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
Ш	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE D	ID (II In Balilmare City, give exact location)							
-11	S DEATH finality medical examiner	187							
	OF INJURY OCCURRED 21F. HOW DIE	O INJURY OCCUR?							
1	(APPROX.)								
	22. I certify that (I) (this hospital) attended the deceased from 7/2/19 69								
that (1) (we) last sow the deceosed clive on									
								23 C. PHYSICIAN'S NAME Hype)  23 D. ADDRESS	Phys. 23/69
								JOHN MATTIMI MINISEYS	is in Hospital Ballo, my
	The topolity	D. LOCATION (City, town, or county) (Slote)							
2	Burial 7/26/69 Crestlawn 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   125C. FUNFRAL DIRECT	Howard Co. Maryland							
	The state of the s	D. Alol Edmondson Ave. Balto., Md.							
V	VS 150 MAN 27/88								

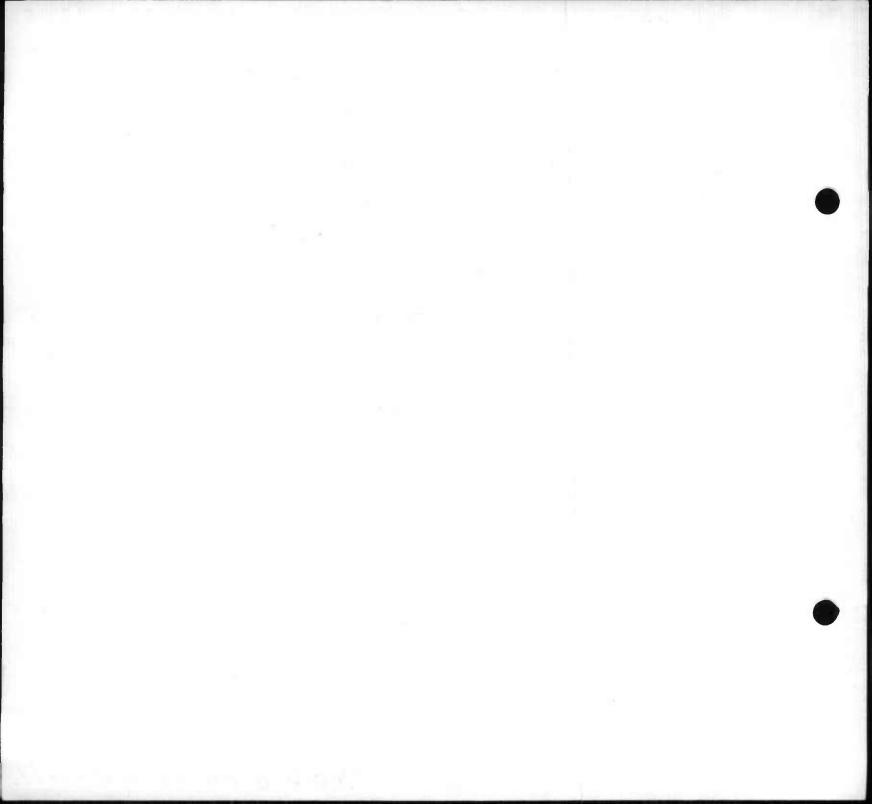


1, NAME OF DECEASED	TIFICATE OF DEATH  REG. NO. 1991
(Type or Print) Virginia Nethken	7/26/69 7 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	street Maryland 2734
Gould Convalesarium	Baltimore.
//6116 Belair Rd.	Goold Conv. Home YES NO
Baltimore Maryland	Belair Road, 6116
5. SEX 6. RACE 7. MARRIED NEVER MA	ARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
Man.	ORCED Jan. 29, 1882 87
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard D. Sweadner (late)	Laura Virginia (?)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY	No. Harpers Ferry, Md.
No	Mr. Elmer C. Bowen, Rt. 2, Box 195 F.
7/017	OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Clark Che. " 31-1
(This does not mean the mode of dying, e.g., (A) IMA	MEDIATE CAUSE  E TO, OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. 11 meons the diseose, injury or complication which caused death.)	2
ANTECEDENT CAUSES	Myocardiel Irumffining ""
	E TO OR AS A CONSEQUENCE OF
rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)	Sout Myrandil Infantia "
_ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERA	IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF	NJURY (e.g., in or obout 21 C. WHERE DID (If In Baltimare City, give exact lacation) ry, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	,,,
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC	
(APPROX.) While At Work	Not While At Work
22. I certify that (1) (this hospital) attended the deceased	fram / /0/3//19 (5 to //26/1969
that (1) (we) last saw the deceased alive an	7/25/19 69 and that In(my) (aux) apinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did)	(did nat) view the bady after death.
23A. SIGNATURE	Amendian Shaff Shaff S
	Attending Phys.   Med.   Staff
May 13 Bradley	23D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	200 100 120
23C.PHYSICIANS NAME (Type)  Dr. Albert B. Bradley	OEGREE 4900 Belair Road Baltimore Maryland
23C. PHYSICIAM'S NAME (Type)  Dr. Albert B. Bradley  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEME	OEGREE 4900 Belair Road Baltimore Maryland ETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
23C. PHYSICIAN'S NAME (Type)  Dr. Albert B. Bradley  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEME REMOVAL (Specify)	OEGREE 4900 Belair Road Baltimore Maryland ETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
23C.PHYSICIAN'S NAME (Type)  Dr. Albert B. Bradley 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME REMOVAL (Specify)	OEGREE 4900 Belair Road Baltimore Maryland



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	P-15:	2	69	750	BALTIMORE CIT	Y HEALTH DEP	ARTMENT	REG. NO.	69	7592
BIE	TH NO.	C	170	100	2 CERTIFICA	AIE OF [	PLATH	KEG. NO		
	NAME OF DEC		4.4	01				D HOUR OF DEATH		
	PLACE IN BAL		YLAND, WHI			4. USUAL RE	27 J SIDENCE (When B. COUN	VLY 69 e deceosed lived If i	nstitution: 16	7.50 P, M. esidence before admission)
FU	LL NAME OF	(IF NOT	IN HOSPITAL	OR INSTITU	ITION, GIVE STREET	MD.	B. COOK	"		2/0/
HO	STITUTION	ADDRES:	OR LOCATI	ON)	JTION, GIVE STREET	C. CITY OR TO	WN	D. INS	IDE CITY LI	IMITS?
V						BAZ	TIMORE		YES 🗗	NO 🗌
0	1		A	11 -		E. STREET AN				
0	IN VERSITS			HOS		761	RAMSEY	ST		
5. S	1ALE	NEG RO		MARRIED [	NEVER MARRIED DIVORCED	8. DATE OF 81		9. AGE (In years lost birthdoy)	If Under Months	Doys Hours Min.
104	USUAL OCCU	JPATION (Give	kind of work 10	8, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLAS	ElStoto or forei		12. CITI2	ZEN OF WHAT COUNTRY?
GOIL	e coring most of t	working life, ever	u ii teuted)			80	suth	( corolina	U	SA
13.	FATHER'S NAM	ME	//	2		14. MOTHER'S	MAIDEN NAA	AE		
	4200	ise	Kot	uns	m	Ce	un	ce		
15. (Ye)	Was Deceased s, no or unknown)	Eger in U. S.	Armed Forces	?	1 6. SOCIAL	17. INFORMAN	IT ,	7		ADDRESS
		yes, give	WOI 01 00103 C	a services	220 -0/-66	Bee	sie (	uderso	- 7	1,10
-	18.	200			CAUSE OF DEA	4-1/ TH	- (1	-cut-v		APPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	TLY					10	SETWEEN ONSET AND DEATH
		LEADING TO	DEATH		(A)IMMEDIATE CA	USE IJREN	(IA			3 MONTHS
	heort failure,	ol meon the oslhenia, elc. plicalian whic	il means the	e disease.	DUE TO, OR AS	A CONSEQUENC	E OF:			*******************************
		NTECEDENT			HUDED	TENSINE	CADDIN	ween a		XEARS
	DISEASES O	R CONDITIO	ONS. if any	, giving	DUE TO, OR A	S A CONSEQUEN	ICE OF:	INSCULAR D	SEASE	10.11.5
	rise to the UNDERLYING	abave ca	use (A) sl	oling the	(c)					
		П			(0)					***************************************
CERTIFICATION	OTHER SIGNIF	CANT CONDIT	ATED TO THE	FERMINAL						
ICA	19A. DATE OF	OPERATION	198. CONDIT	ION FOR W	HICH OPERATION	20A. AUTOI	SY? (Yes at No)	208, IF YES, WERE	FINDINGS	CONSIDERED
RTIF	0		WAS PERFOR	MED		Λ	10	208, IF YES, WERE IN CERTIFYING CA	USES OF E	DEATH?
MEDICAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUS	RLYING DE OF	218, home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21C. V	WHERE DID	(If In Boltimos	re City, give	exect location)
ED	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor) (I	Hour 21E.	INJURY OCCURRED	21F. F	DENI DID WOL	IRY OCCUR?		
2	(APPROX.)			Whil Work	e At  Not Whi					
	22. I certify	that (t) (this	hospital) a		e deceased from	9 JUL)	10	9 67 ta 27	7 700	LY 19 69
	that (I) (ye)				· 27 500	/	***************************************		nion deat	h accurred on the date
	and haur and	from the ca	uses stated	abave. (i)	(We) (did) (did not)	view the bady	after death.			
	23A. SIGNATU		111						238, DATE	SIGNED
	13de	mon a	Kobbu	7	MD DEGREE Phy	ending   /s.	Med.	Shaff Phys.	27	JULY 69
	23C. PHYSICIAI NAME (Ty	pel				23D. ADDRESS				
		DLOMO	on I	2. ADB	BINS MD DEGREE	UNIVERS	ITY OF,	MARYLAND	HOSPI	TAL BACTIMORE MY
24A	REMOVAL (S	AATION, 248.	DATE	24C. NA	ME OF CEMETERY OF CH	EMATORY	24D, LO	CATION (C	ty, town, or	county) (Stotel
1	Zuna	8	1/69	m	/ Euburn		Be	Stone		moh
25A	DATE REC'D	BY HEALTH D			F REGISTRAR	25C, EUNER	AL DIRECTOR	12	1	N Bane Sx
	1111 2.9	1959	Bes E.	Jaile	ACD O	O Gyle	rigs 8	1 Kuce 6	610	V Bane St
VS '	150 REV- 1/1/6	8		-						



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1 206	BALTIMORE CITY	HEALTH DEPARTMENT		69 7593
110	-320 69 7	593 CERTIFICA	TE OF DEATH	REG. NO.	7030
		CENTITICA			
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	a 1135
		HODAK	Jul	4 24, 196	4 7 M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY	itution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MO		2.740
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) ISTITUTION		C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?
	and the second s	AUE	BALTO		YESS NO 🗌
44	5 711 011-11101005		E. STREET AND NUMBER		
10	0		5922 51	MMONDS	AVE
S.	SEX 6. RACE 7. MARR	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M WIDOW		NOU 20, 1909	lost bittndoy)	Minning Day's Moors Min.
10.	A. USUAL OCCUPATION (Give kind of work 10 B. KIND			gn country)	12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if retired)		D		1.6
	Book Puga.		DENMARK		usu
113.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
	KILLA		AUNA		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1100	es, no or unknown) (If yes, give wor or dates of serving	SECURITY NO.	Marcollins		6000-
	No	CAUSE OF DEAT	MRS CHODAL	<u> </u>	APPROXIMATE INTERVAL
	18. / 6 2 / 1	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1)	211
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	of Lung	LI monins,
	heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	6	100
	injury or complication which coused death.)			0	\
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		.)
	DISEASES OR CONDITIONS, if ony, giverise to the above couse (A) stating		A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)		~=====================================	
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL		· · · · · · · · · · · · · · · · · ·	
FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED
La	WAS FERFORIVED		NO	III CERIII IIII CAG.	or brain.
1	ZIA. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If to Bolttmore	City, give exact location)
4	DEATH (notify medical examiner)	etc.)	ince sidge into ki occok.		
		21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Z X	OF INJURY	While At Not Whil			
	(APPROX.)	Work At Work			
	22. I certify that (1) (this hospital) attende	ed the deceased from	O.L	19 6 7 10 Ja	eg 24 1969.
	that (1) (we) last sow the deceased alive	on 27	19 69 ond th	ot in (my) (our) opini	on deoth occurred on the dote
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v	\		
	23A. SIGNATURE	70			23B. DATE SIGNED
	D - 00 1		nding Med.	Shaff	7.74-6
	23 C. PHYSICIAN'S	OEGREE Phy	s. Director L	Phys. 🗀	1 2 ( )
	NAME (Type)	100//	au- 0 for -	f _ DI	D MILMI
	Jav.d I	Mill9 DEGREE	7115 Neislan	lacon of	· Local Mills all
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	, town, or county) (Stote)
		SHEB SHAL	on P	CISTORS TO	am va
25		AE OF REGISTRAR	2SC. FUNERAL DIRECTOR		
	1111 20 1060 02 00 7 0	8 4 1 0 1	Selent L	uisa Son, me	1610 helslerslow RC
1	150-REV, 1/1/68	+ 44			

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pital and of death Deceased Such U<sub>0</sub> hospital death. attendance (2) cause cause; 0 0 prior contributing occurred Undetermined is made. regular eceased death disposition Ξ 0 Ö OS the direct 4 death 0 kind; final attendance any pronounced or Imed fracture of bal gular E who re Gre (3) A 2 physician chief medical remains Was physician Body the the 0 efore any nature; (2) where the body was released to the hospital °Z 9 obtained 9 approved (except and pe eath) accident of hospital must O 0 approval

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D.O.A.

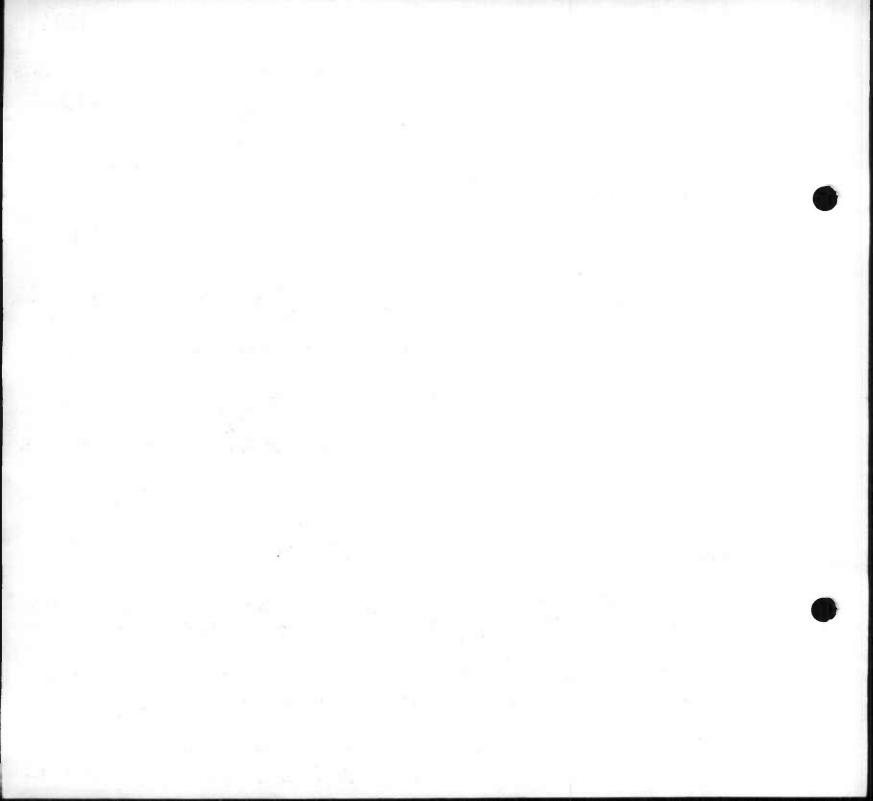
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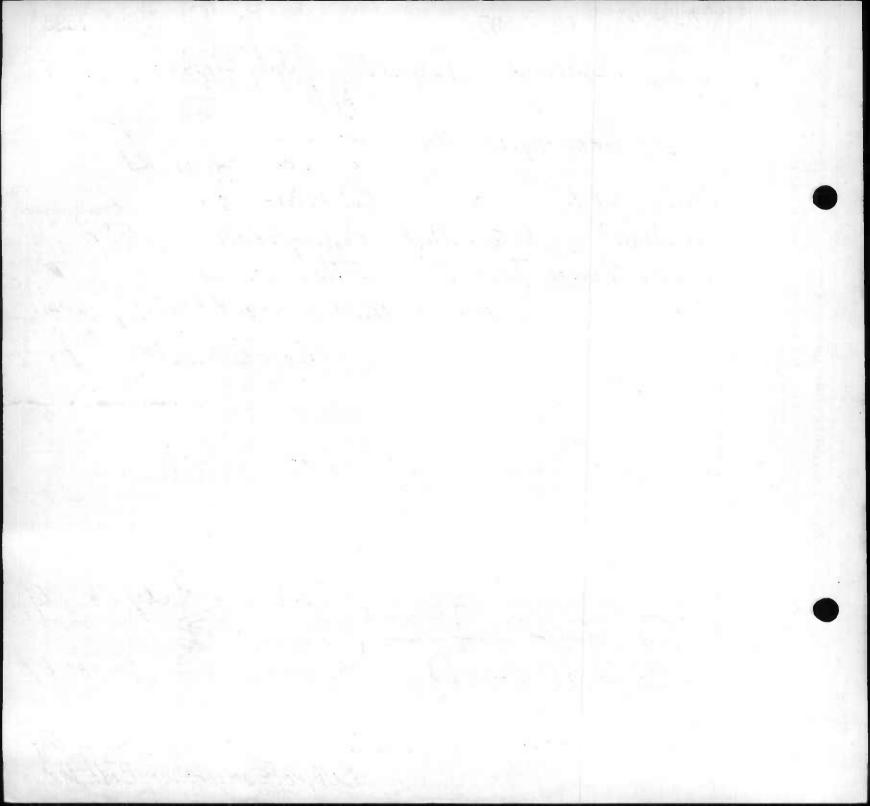
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BALTIMORE CITY HEALTH DEPARTMENT 7594 CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) P M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoded lived, If institution; residence before odmission)
A. STATE
B. COUNTY W9 HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 210 HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 9 Burni YES -NO E. STREET AND NUMBER 5. SEX 6. RACE MARRIED WEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. ast birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 1 DYCOK Me 01-5148 3 0 30 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE min (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A- DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY te.g., in or obout 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact facation) MEDICAL DEATH inotify medical examined elc.) 21 D. TIME (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY White At Not While r (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive an and that In (my) ((our))opinion death accurred on the date and hour and from the couses stoted above. (1) ((We) (did) (did not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending \_ Med. Director Staff Phys. Phys. DEGREE PHYSICIANS 23D. ADDRESS NAME (Type) D DEGREE 24A. BURIAL CREMATION. 24B DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written appraval must be obtained before the remains are embalmed or final dispasition is made. the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and

	T 4//1	BALTIMORE CITY HEALT	H DEPARTMENT	CO Prof
/	1-240 69 75	CERTIFICATE C	OF DEATH REG	No. 69 75 <b>95</b>
BIR	TH NO.  AME OF DECEASED , , , , , ,		2. DATE AND HOUR OF	DEATH MOSO
	be ar Print)	lugwell	11/1/1/26	1969 / /
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD 4. USL	IAL RESIDENCE (Where deceased	ived. If institution: rasidence before admission)
		A. STA	1	2,778
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)		ORJOWN	D. INSIDE CITY LIMPS?
1143		2 1 1/	2/timore	YES NO
01	0617 Benningh	aus / E. STR	EET AND NUMBER	D/
		6	7 DENNINGH	gus 16d
5. 5	6. RACE 7. MARE	IED NEVER MARRIED 8. DATI	OF BIRTH 9. AGE (In last birth lay	
1	112/4 White WIDON		29 1882 86	
t0A.	USUAL OCCUPATION (Give kind of work 10B, KIN addring mask of working life; even if retired)	O OF BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Vischinist (0)	ton 11111 Pe	nnsglvznia	USH
13.	FATHER'S NAME	14. MC	THER'S MAIDEN NAME	
1	-CIVENI /CANGER /U	a well E	Hen Wilson	
15. V (Yes	Was Deceased Ever in U. S. Armed Farces?		ORMANT /	ADDRESS
	IVa I	220 30 1719/11	s Illargaret	Childe Same
	18. 4 40 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		lut-	A.
	LEADING TO DEATH  (This does not mean the made of dying,	(A)IMMEDIATE CAUSE	Merco Sole	our l
	hearl foilure, asthenio, etc. It means the dise		EQUENCE OF:	
	ANTECEDENT CAUSES			
		(B)	SECULENCE OF:	
1	DISEASES OR CONDITIONS, if any, gi rise to the obave cause (A) stating		JEW DETTE OT	0
		/		
	UNDERLYING CONDITION lost.	(c)		
z	II	(c	1-1-6 Day 1	11
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	VG (C	betes mil	lulus
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1. (A).  19 A. DATE OF OPERATION 198. CONDITION I	NG Ara	OZ/ES Melo	S, WERE FINDINGS CONSIDERED
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Ara	DETES MULE AUTOPSY? (Yes or No) 20B. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
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DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Haur)	OR WHICH OPERATION  20A  21B. PLACE OF INJURY (e.g., in ar oba hame, farm, factory, street, office bldg etc.)  21E. INJURY OCCURRED	IN CERTIF	YING CAUSES OF DEATH?  n Ballimore City, give exact location)
CAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	OR WHICH OPERATION 20A  21B. PLACE OF INJURY (e.g., in ar obahame, farm, factory, street, affice bldgetc.)	IN CERTIF UI 21 C. WHERE DID (IF INJURY OCCUR?	YING CAUSES OF DEATH?  n Ballimore City, give exact location)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	OR WHICH OPERATION 20 A  21B. PLACE OF INJURY (e.g., in ar obathame, farm, factory, street, affice bldgetc.)  21E. INJURY OCCURRED  While At Nat While At Wark  and the deceosed from	IN CERTIF UI 21 C. WHERE DID (IF INJURY OCCUR?	NNG CAUSES OF DEATH?  n Ballimore City, give exact location)
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MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased of the ond nour and from the couses stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	21B. PLACE OF INJURY (e.g., in ar obahame, farm, factory, street, affice bldgetc.)  21E. INJURY OCCURRED  While At At Wark  ad the deceosed from  On Attending Phys.  23D. AD  C. NAME of CEMETERY of CREMATOR	IN CERTIF  UT 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY OCCUP  25	n Baltimore City, give exact location)  19 (out) opinion death occurred on the date  238, DATE SIGNED  7 28-69
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	N
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	I. NAME OF DECI					ATE AND HOUR OF DEA		
	(Type or Print)	BOONE, V	HILLIAM	A JOHN				
		IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	JULY 26, 196 E (Where deceased lived. I COUNTY	59   3:28 A. If institution, residence before odmission	M.
	FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	MARYLAND c. CITY OR TOWN	HOWARD	21043 NSIDE CITY LIMITS?	20
	40	ST AGNES H			ELLICOTT	CITY	YES NO X	
		CATON & WI BALTIMORE.		AND 21229	REEDS LAN			
	5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	L M III-J . 1 V . M III I . A . I	_
	MALE	WHITE	WIDOWED	DIVORCED	05/22/81	lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	rs.
	10A. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	at loreign country)	12. CITIZEN OF WHAT COUNT	RY7
	- RETIRA	ēd	FARI	NEK	MA RYLAND	)	U.S.A.	
	13. FATHER'S NAM	NE .			14. MOTHER'S MAIDE		0.3.A.	
	JOHN BO	OONE			Vn	KNOWN		
	5. Was Deceased  Yes,na ar unknown)	Ever in U. S. Armed Ford (If yes, give war ar date:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	_
	NO			218-01-3114		HOSP'S RECO	)RDS	
ll	18, 4 / 0	191		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
		OR CONDITION DIR	ECTLY	Post	ELEN AL WAR	cardial my		113
I	(This does no	I mean the mode of sthenio, etc. Il means	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	Coxesces my	trent	
	injury or comp	licotion which coused	death.)		0			
		NTECEDENT CAUSES		(B)				
	rise to the	CONDITIONS, if a above couse (A) CONDITION last.	ony, giving slaling lhe	(c)	A CONSEQUENCE OF:		***************************************	
		II.		(0)				
	OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING					
	DISEASE OR CO	NDITION GIVEN IN PART	1 (A).	***************************************				
		OPERATION 198. CONE WAS PERF	DRMED	HICH OPERATION	YES	OF NO. 208 IF YES, WER	E FINDINGS CONSIDERED	_
41	OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	218, I hame etc.)	PLACE OF INJURY (e.g., in , form, factory, street, affi	at about 21 C. WHERE D	DID (II in Baltim	nore City, give exact location)	
	21 D. TIME	Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21E, HOW DU	D INJURY OCCUR?		_
	(APPROX.)		Work	7 77 77 6119				
I				e deceosed from JU	Y 6	19_69_taJ	ULY 26 19 69	_
		ast saw the deceased			19690	nd that In (m) (our) or	pinion deoth occurred on the do	
	ond hour ond	from the couses state	d obove. (X)	(Me) (qiq) (英伙)(Ai	ew the body ofter de	oth.		
	P	4.0.		Allen	ding Med. [	- CLUIS	23 B. DATE SIGNED	_
	23C.PHYSICIAN	5	LETTOCK	DEGREE Phys.	Director L	Shaff Phys	7 24 (6)	_
	NAME (Typ	el	ANCELOT		A T ON	KENC AVEC	DAL TO UD DAGGE	
2	4A. BURIAL CREM	ATION 248 DATE	24C. NA	DEGREE			-BALTO MD.21229 City, tawn, or county) (State)	_
	BURIA SP	7-29-6	9 57	- JOHNS	200	Flhi TT FT	The way my	/
13	SA. DATE REC'D B	Y HEALTH DEPT.	58. NAME OF	REGISTRAR	25C. FUNERAL DIRE	CTOR /	ADDRESS ETHEST C. To prod.	-
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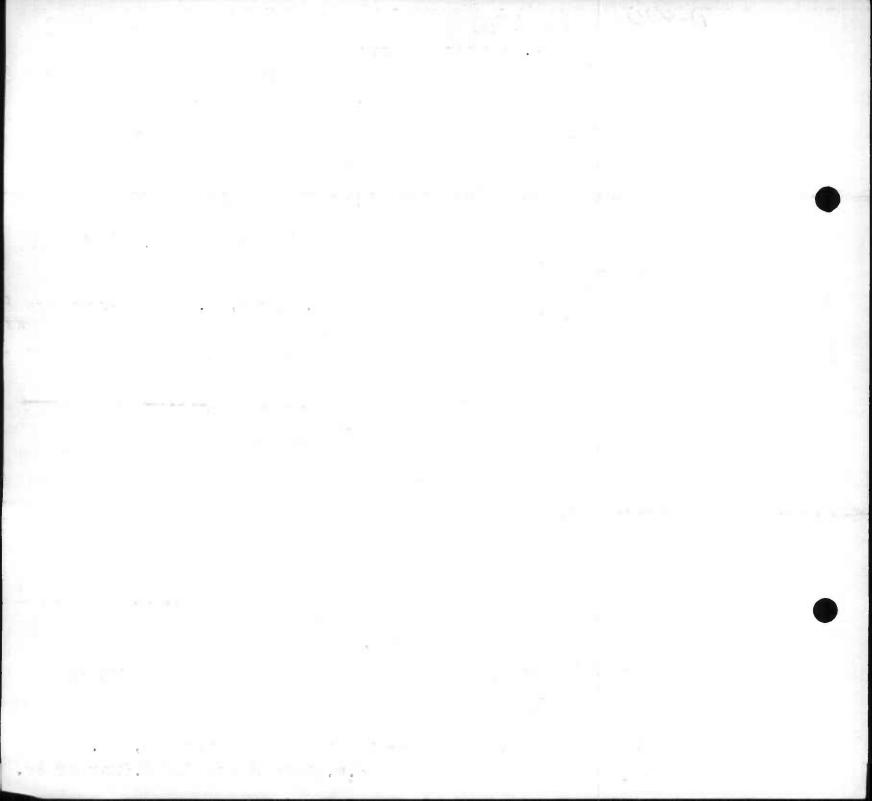
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occurred

BALTIMORE CITY HEALTH DEPARTMENT 7597. CERTIFICATE OF DEATH pital and of death Deceased Such F. FITZSIMMONE DATE AND HOUR OF DEATH CARROLL I. NAME OF DECEASED (Type or Print) TITZ SIMMONS ath. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE MO, B. COUNTY (4) Undetermined cause; (5) P contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SOUTH WA FULL NAME OF HOSPITAL OR 0 C. CITY OR TOWN D. INSIDE CITY LIMITS YES NO NOSP. MERCY prior E. STREET AND NUMBER SOUTHWA 0 regular b 5. SEX 6. RACE eceased 7. MARRIED NEVER MARRIED II Under 1 Yr. Manihai Doys is ma If Under 24 Hrs. Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition 2 done during most of working life, even if retired) ō LANVER 13. FATHER'S NAME Was USA AND the 4. MOTHER'S MAIDEN NAME MICHAEL FITZ SIMM
15. Wes Decessed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) ZSIMMONS death 0 kind; 6. SOCIAL final ADDRESS SECURITY NO. nce SOUTHWAY TZSIMMONS any pronounced attenda 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, 9 injury or complication which coused death.) regu ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the 5 the physician remains UNDERLYING CONDITION last Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (6) No physician DISEASE OR CONDITION GIVEN IN PART ! (A) the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Na) 208. IF YES, WERE FINDINGS CONSIDERED one WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exect lacotion) MEDICAL DEATH (notify medical examined) obtained 21 D. TIME (Day) (Month) (Yeorl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While While At (APPROX.) and Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive an. Pe and that In(my) (aur) apinion death accurred on the date 90 hospital death) and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURE 238, DATE SIGNED Attending 40 Med. Staff written approval Phys. 8 Director Phys. GEGREE 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) An D.O.A. deceased 24A. BURIAL CREMATION, 24B DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION he body (City, town, or county) (State) REMOVAL (Specify) shows: BALTIMORE, CATHEDRAL Was 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SON 805 N. CALV VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	17-700	TE OF DEATH REG. NO. 69 7598						
	1. NAME OF DECEASED A. LORRATNE DATE	O DATE AND HOUR OF BEATH						
	A. LORRAINE DAILY	7 25 69 1 9 23						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY						
		MARYLAND BALTIMORE 2748 C.CITY OR TOWN D. INSIDE CITY LIMITS?						
	UNIV. of MARYLAND HOSP.	BAITMORE YES X NO						
	BALTIMORE MARYLAND	5703 Chinquapio						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years   II Under 1 Yr. II Under 24 Hrs.						
	CAUC WIDOWED DIVORCED	1/26 (32)   26						
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if refired)	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Hoose wite Housewite	PENUSY UANIA USA.						
	BerNAND Shettle	MOTHER'S MAIDEN NAME						
	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17	MIRIAM LANGCH.						
	(Yes, no or unknown) [III yes, give wor or doles of service) SECURITY NO.	RANK F. DAILY, JR. 5703 CHINQUAPIN F						
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL X Y						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
	(A) IMMEDIATE CAUSE	CARDIAC ARREST 6 LOURS						
	injury or camplication which coused death.)							
	ANTECEDENT CAUSES	CONSEQUENCE OF:						
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.							
	ONDERLING CONDITION last, (C). WILLIAM	IN SOFTICIEWEY						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY to gar In or	r obout 21 G. WHERE DID (If In Boltimore City, give exact location)						
	S DEATH (notify medical examiner) (etc.)	bldg, INJURY OCCUR?						
	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX.) Work At Work							
	22. I certify that (I) (this haspital) attended the deceased from	19 61 10 7 25 19 69						
	that (i) (we) last saw the deceased alive an							
	23A. SIGNATURE	v the body after death.    238, DATE SIGNED						
	Law W. Yalkterd MD. Attendio Phys.	ng Med. Staff Director Phys. D						
	23C PHYSICIAN'S NAME (Type)	ADDRESS						
	TAMES M. BIRIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMA	ONIU. OF MARYLAND HOIP. DAITIMORE, WID.						
	REMOVAL (Specify)							
	BURIAL 7/29/69 NEW CATHEDRAI							
	JUL 29 1969 Vale E. Jaber 42 0 0	H.W. MEARS & SON 805 N. CALVERT ST.						
- 9	/S 150-REV. 1/1/68							



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	11 -	0.0		BALTIMORE CIT	Y HEALTH DEPARTMEN		20	7500
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	AME OF DEC	BA KIN	16		2. DATI	AND HOUR OF DEATH	/	1/30 P
	L NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION,			Where deceased lived. II in	nstitution: residence	se before odmission
HO	SPITAL OR TITUTION	BALTIMORE C	ATION)		C. CITY OR TOWN BALTIMORE	D. INS	YES POK	NO 🗌
18.3		4940 EASTERN BALTIMORE, M		#21224	E. STREET AND NUMBER 1909 BOONE	STREET #21	218	
5. SI	emale	6. RACE White	7- MARRIED NE	VER MARRIED DIVORCED	8. DATE OF BIRTH 9-27-85	9. AGE (In years lost birthdoy) 83	If Under 1 Yr. Months Doys	
			108. KIND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN O	F WHAT COUNTE
done	Housev	working life, even if retired)	O II		MARYLAND		U.S.A	
13. F	TIOUSE V		Own Ho	me	14. MOTHER'S MAIDEN	NAME		
		Frederick H	Flone		Elizal	oeth ??		
15. V (Yes,	, no oi unknown	Ever in U. S. Armed Fo	rces? 16. SC	CIAL CURITY NO.	17. INFORMANT RECORDS: BALT	IMORE CITY HO	SPITALS	
	No	ļ		None		STERN AVENUE		224
	DISEASES C	ANTECEDENT CAUSES  OR CONDITIONS, if a above cause (A) B CONDITION last.	any, giving	(B) DUE TO, OR A	S A CONSEQUENCE OF:	of Cecum		
CERTIFICATION	TO THE DEAT DISEASE OR C 19A. DATE OF	NT WAS UNDERLYING	THE TERMINAL RT 1 (A). NOITION FOR WHICH RFORMED		mea Hypo  20A. AUTOPSY? (Yes of NO)  in or obout 21C, WHERE DI	thy reidesm	FINDINGS CON- AUSES OF DEATH	
CA	OR CONTRIBL DEATH (notify	medical examiner	home, form	i, foctory, street,	office bldg., INJURY OCCU	R?		
N N	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Houi) 21 E. INJU While At Work	Not Wh	ile 🗖	INJURY OCCUR?	,	
	that (I) (we)		ed olive an 7	(did) ( <del>did not</del> )	view the body after dec		inion death occurred to the sign of the si	
	23C PHYSICIA	N'S ype) HECR	FONK	DEGREE Ph	Med. Director Directo	Shoff Phys.   O E11517 RN  RE CITY	HOSPI	170.Mo 21.

Clarksville, Howard Co Md

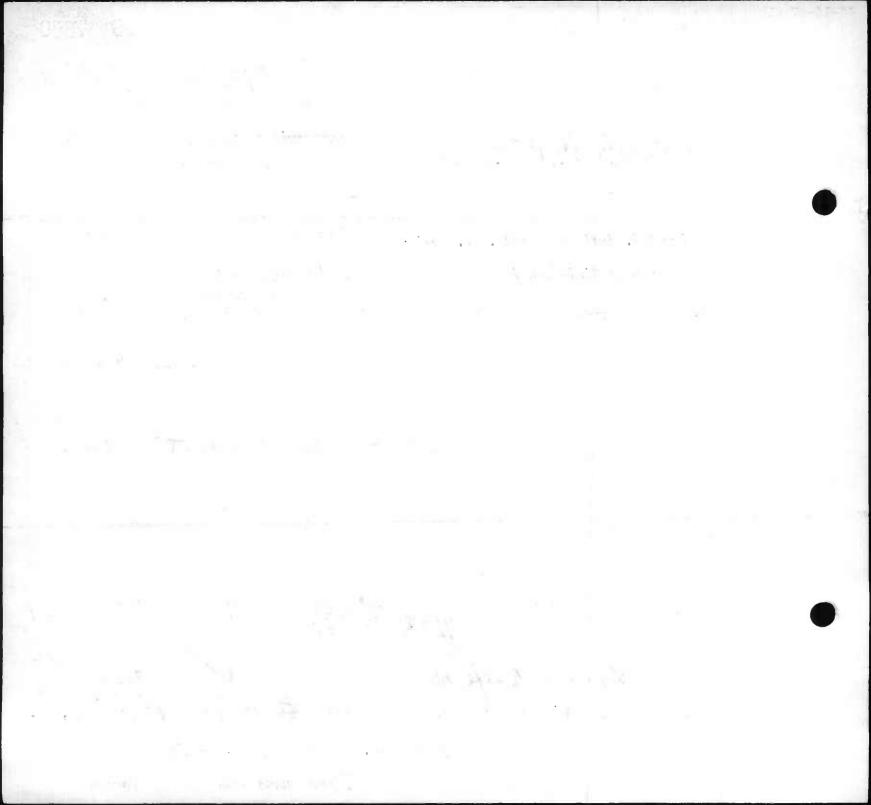
25C. FUNERAL DIRECTOR Baltimore National Pike

VM. Cook-Brooks West, Inc. Balt. Md. 28

bM oational D. Office The Control of the Control of

-4/	AT	.D	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the nospital by a medical examiner. Also, if the direct of contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	physician who pronounced death was in regular attendance on the an was in regular attendance on the deceased prior to death. Such	remains are embalmed or final disposition is made.
This certificate must be approved by the chie	shows: (1) An accident of any nature; (2) Bod	was D.O.A. at a hospital (except where the deceased prior to death); and (6) No physic	written approval must be obtained before th

1. NAME OF DECEASED (Type or Print) Frank Kisiliewski (Kisielewski)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution; residence before oc	A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoased lived, if institutions residence below of	missian)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  A STATE Maryland Baltimore  A COUNTY MARYLAND BALTIMORE  C. CITY OR JOHN  A STATE MARYLAND  A STATE MARYLAND	00
Butto. City Hospitals   Lutterville Lutherville YES NOM	
4940 Fastern Ave., Balto., Md. 21224 909 Morris Lane 21093	
5. SEX   6. RACE   7. MARRIED     NEVER MARRIED     B. DATE OF BIRTH   9. AGE (in years   If Under 1 Yr. If Under 1 Manths; Days Hours; Hour	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign cauntry)  12. CITIZEN OF WHAT C	DUNTRY?
Police Sot. tetired Balto. (o. Police Maryland	
13. FATHER'S NAME	
Alexandar Kisielewski Stella Stachowski	
15. Wos Decoased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT BCH 4940 Eastern Avenuaboress   SECURITY NO.	
no none 217-03-0756 Records Baltimore, Maryland 21224	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  APPROXIMATE IN BETWEEN ONSET AN	
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE Pulmonary Embolus 7/18 - 7/18 - 7/19	22
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:	P0-0-0-1
ise to the obove cause (A) stoting the UNDERLYING CONDITION last. (c) Candioves alea Acident 3475.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL    V	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES	
U 21A. ACCIDENT WAS UNDERLYING   (21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, (orm, foctory, street, office bldg., INJURY OCCUR?	
OF INJURY  (APPROX.)  (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED  (APPROX.)  (APPROX.)  (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED  (APPROX.)  (APPROX.)	
that (1) (this hospitol) attended the deceosed from 7/0/09 19 67 to 19 that (1) (two) last saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and that in(my) (our) opinion death occurred on the first saw the deceosed olive on 7/2/0/19 and the first saw the deceosed olive on 7/2/0/19 and the first saw the deceosed olive on 7/2/0/19 and the first saw th	
and haur and from the causes stated obave (1) (We) (did) (did not) view the body ofter death.	ne dute
23A. SIGNATURE  23A. DATE SIGNED  Attending Med. Stoff D	10
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS A4940 Eastern Ave. 23D. ADDRESS (A 4940 Eastern Ave. 23D.	2/24
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	Md.
REMOVAL (Specify)	State)
Burial 7/25/69 Dulaney Valley Mem. Gardens Cockeysville  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	
JUL 29 1969 Robert E. Jaller A. D. 7 John Burns Sons Towson	



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

M.

Jan 20 10 10 10 10

24C, NAME of CEMETERY or CREMATORY

Glen Haven

258. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

Mc Cully

(City, town, or county)

ADDRESS

130 E. Fort hve

Glen Burnie, A. A. Co. Md.

(Stote)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

248. DATE

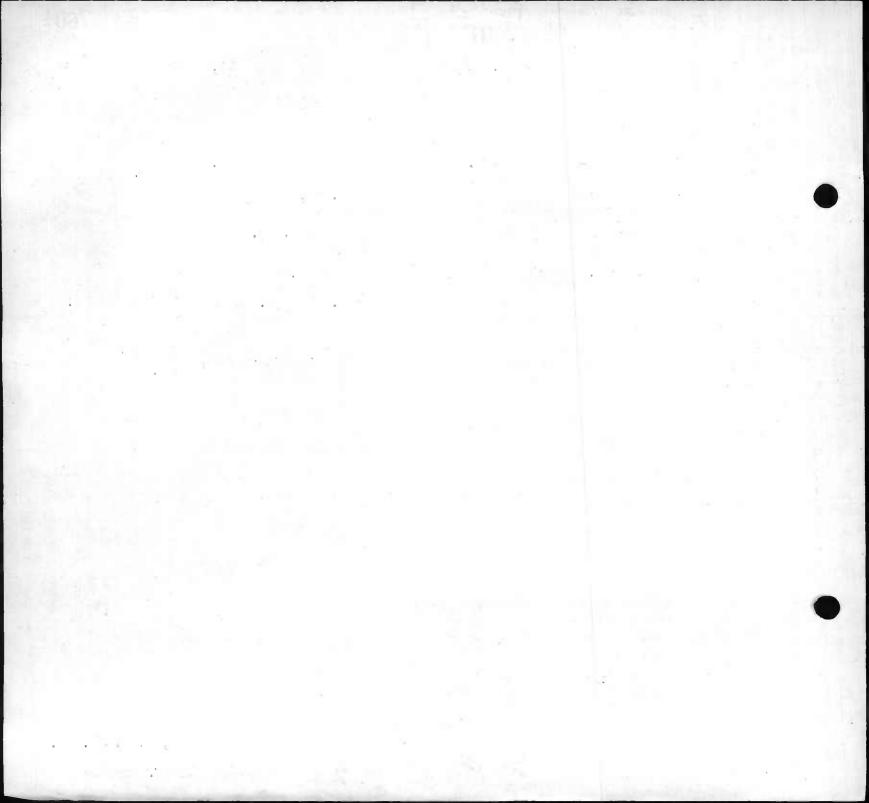
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VS 151-REV. 1/1/68

BIS	5-00	0			3 BALTIMORE CITY HEXAMINER'S			DEAT	H REG. NO	69	7603
1.	NAME OF DEC		AY AMIE	L (H	miel Jay JA	2. DATE OF DEATH	Known   Estimated	Month	Day	Yea	
FUL	PLACE IN BAL L NAME OF SPITAL INSTITUTION	(IF NO		LORINST	ONOUNCED DEAD	3. DATE PRON	OUNCED DEAD		24, 19		10:40 A <sub>M</sub>
5	00 8	25 N. I	Eutaw S	treet		A. STATE	Maryland	e deceosed li	B. COUNTY		ce before admission)
	sex Male	7. RACE White	Δ.		ED NEVER MARRIED	C. CITY	Baltimore		D. INSIDE		
	DATE OF BIRTI		10. AGE (In lost birthdo)	WIDOW yeors	FUnder 1 Yr. If Under 24 Hr Months: Doys: Hours: Mi		AND NUMBER 825 N. Eu			YES E	NO L
11.	BALLO	/ /	in country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHI	r's NAME JA	11			
14A done	during most of w	PATION (Giv	e kind of work I	48. KIND	OF BUSINESS OR INDUST	RY 15. MOTI	IER'S MAIDEN NA	NERY			A BIE
16. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES:	17. SOCIAL SECURITY NO.	18. INFO		14 0	232 1	ADDRESS	4 Ke hill 57
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart followe, esthenio, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						QUENCE OF:	cular d	lisease		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
CERTIFICATION	TO THE DEA	ATH BUT NOT	11 NDITIONS CO RELATED TO GIVEN IN PA	THE TERMI	NG NAL						
CERT	20A. DATE OF	OPERATION	20B. CON	DITION	OR WHICH OPERATION	WAS PERFOI	MED			21. AU	TOPSY? (Yes or No) Yes
EDIC	UNDERLYING UTING CA	USE OF DEA	TRIB.	2 H	2B. PLACE OF INJURY (e.gome, form, foctory, street, of	., In or obout ice bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If In Boltimor	re City, give e	xact locatio	n)
Σ	OF INJURY (APPROX.)	Month) (D	Ooy) (Yeor			OT WHILE WORK	22F. HOW DID IN	IJURY OCCI	JR?		
		URE Ch	eld on In	1	and that on the demicide CHIEF MEDICAL SISTANT MEDICAL COCIATE MEDICAL	Undetermit EXAMINER EXAMINER	med manner		DATE SIGNED		
24/ RE/	BURIAL CREATION OF ALL (Special DURIAL)	MATION, 2	7-26	69	24C. NAME of CEMETER Mt Olivet	Y or CREMA	ORY 24D.	LOCATION		wn, or coun	
25/	JUL 29	1969	1 1 1 1 1		ME OF REGISTRAR		FUNERAL DIRECT	OR Flor	ny	ADDRESS 1442	Light St

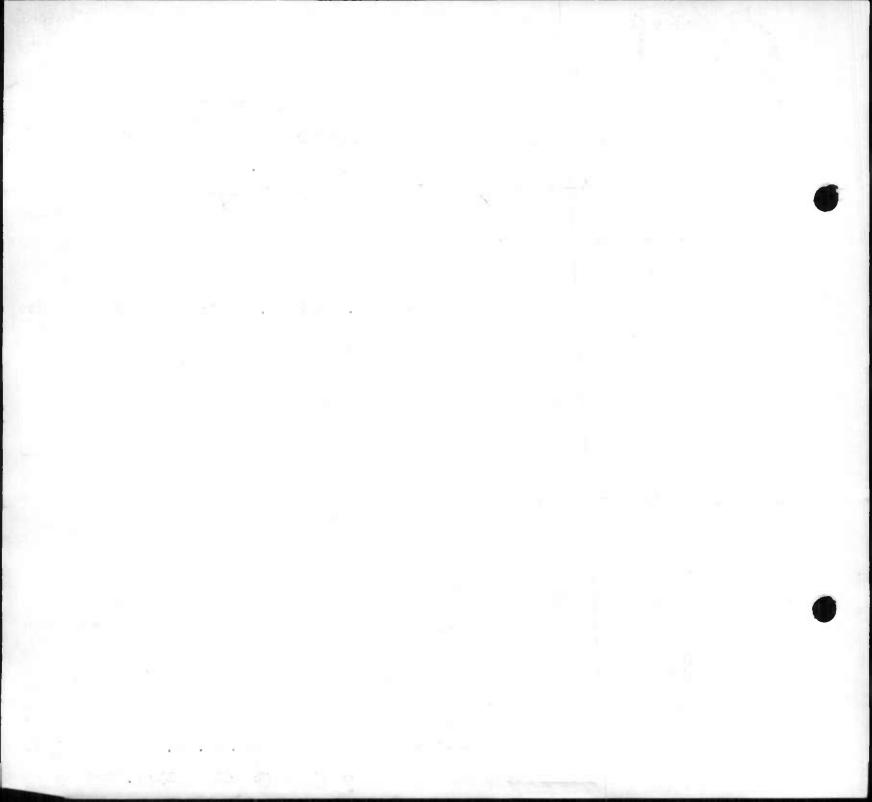
dente and the

9	BALTIMORE CI	TY HEALTH DEPARTMENT	69 7604
BIR	TH NO. 69 7604 CERTIFIC	ATE OF DEATH REG. NO.	00 1004
	Edward J. Eckerl	July 26, 1969	1:10 P.N
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in: A. STATE B. COUNTY	stitution: residence befare admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	2,404
HO IN S	SPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
,	90	Baltimore E. STREET AND NUMBER	YES X NO
	House In Pines-Belvedere Ave.	1809 Jackson St.	
	SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	Male White WIDOWED A DIVORCED	- 1 20 3 200 03	Total India
	NUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST to during most of working life, even it retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Burner Ship Yard	Balto. Md.	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Edward J. Eckerl	Mary Klein	
15. \	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.	17. INFORMANT	ADDRESS
104	No	Mrs. Nancy J. Lewis 1809	Jakkson St.
	18. CAUSE OF DEA	ATH O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	All len was I Sur	19111
	(This does not meen the made of dying, e.g.,  (A) IMMEDIATE C	AUSE CONSEQUENCE OF:	) July
	heart failure, osthenio, etc. It means the disease, injury ar camplication which caused death.)		
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:	000000000000000000000000000000000000000
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.		
			/ .
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	1 Cleveromotors	6 mis
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	J-4	INDINGS CONSIDERED
RTIFIC	WAS PERFORMED	IN CERTIFYING CAL	ISES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or about 21 C. WHERE DID (If In Baltimore	City, give exact location
V	DEATH (notify medical examiner)   home, form, factory, street,	affice bldg., INJURY OCCUR?	
	21 D. TIME (Month) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.)  While At Not Wark  At Wa		0. /-
	22. I certify that (I) (this haspital) attended the deceased from	19 8 910	24 6 167
	that (I) (we) lost sow the deceased alive on	ond that in (my) (our) spir	nion death occurred on the do
	ond hour one from the couses stoted obove. (1) (We) (did) (did not	-/	/ /
II I	23A. SIGNATURE		23B. DATE SIGNED
	Magazie P	thending Med. Staff Phys.	7/1/5
	23C. PHYSICIANT NAME (Type)	23D. ADDRESS	1.10/01
	WALTER KOUN MIT	E 102ET ORT 1	119
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of		y, tawn, or county) (State)
	Burial 7 29 1969 Glen Hav	en Glen Burnie,	A. A. Co. Md.
25A	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUL 29 1969 Obbert & Varber M. O. O.	7 5 Mc gully 130 F	E. Fort Av
VS	150-REV. 1/1/68		



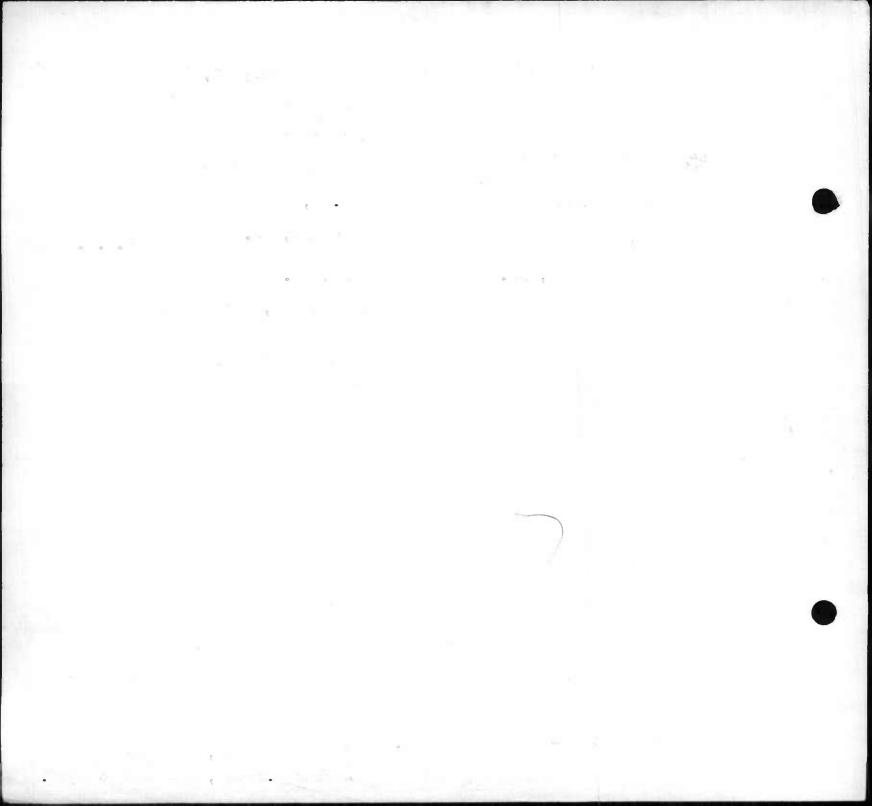
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
Z	dire d; (4 ith v on th
RTA	ssista the kind dea nce
APO	so, if so, if any inced senda
::	r. All
FUNERAL DIRECTOR: IMPORTANT	mine fract fract ho pi egulo
REC	exa (3) A in whin re
LD	edical dical Jrns; ysicio was mair
ERA	dy by
S.	by by colored by colored by colored by colored by by colored by co
	by the pital res; (No No do bef
1-21	hos natucept d (6)
8	appropries the the fany (lex lex lex lex lex lex lex lex lex lex
	st be assed ent o spita death
	releactid
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must bo
	body ws: (1 D.O.
	This the show was deco

B-660 69 7605 BALTIMORE CIT	Y HEALTH DEPARTMENT						
CERTIFICA	ATE OF DEATH REG. NO. 159 7605						
T.NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) WINIAM H. BREWER	7 21 19 112:20 0						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived, if institution; residence before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
SOUTH BALTIMORE GENERAL HOSPITAL	Baltimore YES NO						
123	E. STREET AND NUMBER						
70	1731 Light St. 2404						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	N. CAROLINA USA						
Orderly- Retired Hospital 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William Brewer	PATRICIA L. Brewey						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS						
	Mrs. Charles R. Brewer 8206 Bear Creek Drive						
18. / / / / / CAUSE OF DEAT	H APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
LEADING TO DEATH	ACONSEQUENCE OF:						
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:						
ANTECEDENT CAUSES Chalas	minal acrtic anemism 1965						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	minal actie anemipm 1965						
rise to the above cause (A) stating the							
UNDERLYING CONDITION last, (C)	***************************************						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
57-25-69 WAS PERFORMED	No.						
OR CONTRIBUTING CAUSE OF DEATH (notify modical examined)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., hame, farm, factory, street, a etc.)	in or obout 21C. WHERE DID (If in Ballimore City, give exact location)						
Q 21D-TIME (Month) (Doy) (Yoor) (Haur) 21E (NJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
22. I certify that (1) (this hospital) attended the deceased from 7 19 69 19 19 7-26-69 19							
that (1) (we) last saw the deceased alive on 7-26-69 19 and that in (my) (aur) apinian death accurred an the date							
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.							
23A-SIGNATURE 23B, DATE SIGNED							
Vose B. Cornera M.D. Attending Med. Stoff D. 7-26-69							
23C. MYSICIAN'S  NAME (Type)  23D. ADDRESS							
I JOSÉ R CORVERA M.D. SOUTH BALTINOPE GENERAL HOLD							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel							
Burial 7 29 69 Lorraine	iBalto Sco and ac st, Patting						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
JUL 29 1969 Vaber F. Jaber M.D.	TO The Cully 130 E. Fort Ave						
VS 150-REV, 1/1/68							



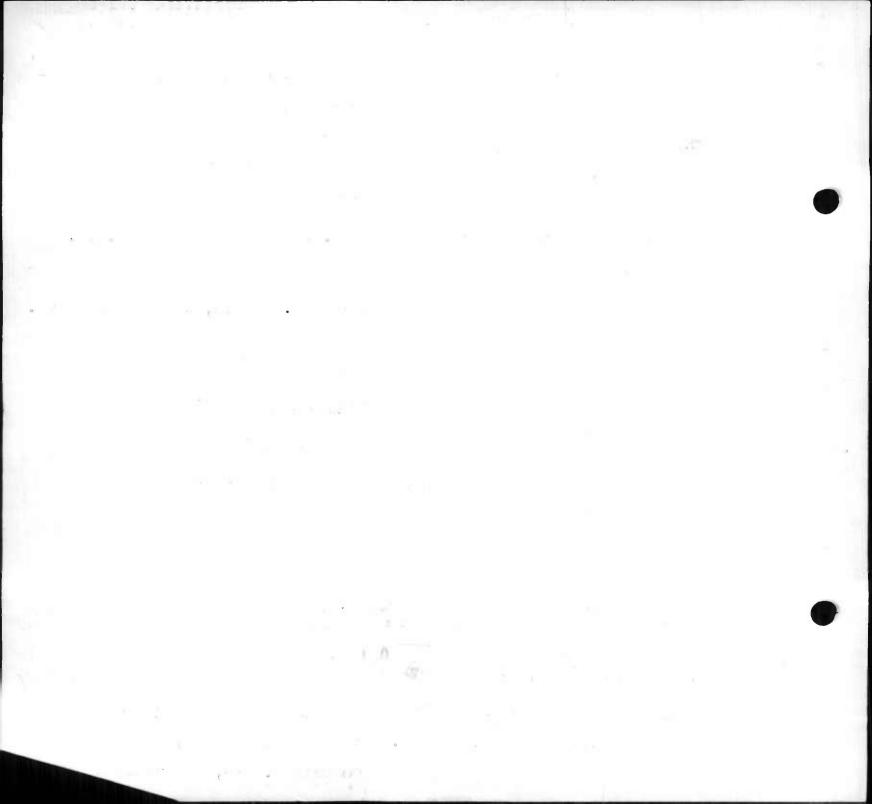
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

W-300 69 7606 CERTIFIC	ATE OF DEATH REG. NO. 69 7606						
I NAME OF DECEASED							
(Type or Print) Mary Wyatt	2. DATE AND HOUR OF DEATH						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 19, 69 M.  4. USUAL RESIDENCE (Where deceased lived. Il institution: residence belaro adroission)						
HIERE PROMOTICED DEAD	A. STATE & COUNTY						
FULL NAME OF (IF NOY IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 1702						
INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
12	Baltimore YES NO						
Lutheran Hospital	E. STREET AND NUMBER						
5. SEX   6. RACE   7. ALABOUT   TO ALABOUT	1132 Starda Court						
Female Colored WIDOWED DIVORCED	8. DATE OF BIRTH OCt. 1,1894  9. AGE (In yeors if Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
dane during mast of working life, even if retired)	Richmond, Va.						
Housw Wife	U.S.A.						
13. PATHEK'S NAME	14. MOTHER'S MAIDEN NAME						
Cornelius Wyatt, Sr.	Mary E. Murdock						
15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, na or unknawn) (If yes, give war ar dates of service)   SECURITY NO.	17. INFORMANT ADDRESS						
No Second No.	John Wyatt, 1513 Broadway						
18. / / A CAUSE OF DEA							
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
LEADING TO DEATH	und and open calments 210						
This does not mean the made of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:						
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
ANTECEDENT CAUSES	į						
	S A CONSEQUENCE OF:						
Il luse in the abave cause (W) stating the	A COURTROPHE OF						
UNDERLYING CONDITION last. (c)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OLISEASE OR CONDITION GIVEN IN PART 1 (A).							
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yos or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A, ACCIDENT WAS LINDERLYING () 218 BLACE OF MILLERY (s.							
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, details and provided in the street of	in of about 21 G. WHERE DID (It in Boltimare City, give exact lacation) office bldg., INJURY OCCUR?						
OF INJURY  (Manth) (Day) (Year) (Hour)  21E, INJURY OCCURRED  While AI T Nat Wh	21F. HOW DID INJURY OCCUR?						
(APPROX.) While AI Not Whi							
22. I certify that (I) (this hospital) attended the deceased fram	2-24 1968 10 7-18 1965						
that (1) (we) last saw the deceased alive an							
and haur and fram the causes stated abave. (i) (We) (did) (did nat) view the bady after death.							
23A. SIONATURE	23 B, DATE SIGNED						
totains (1) / L. it AH	ending Med. Staff 7 71-69						
23C. PHYSICIAN'S DEGREE Phy	23 D. ADDRESS						
HAME (Type) 1 @ Smith							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or causity) [Stote]							
REMOVAL (Specify)	The state of the s						
	Park Laural, Maryland						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C EUNERAL DIRECTOR ADDRESS						
JUL 29 1969 Robert E. Jaiber M.D.	Charles R. Law , 802 Madison Ave.						



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disconsistants. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1111-4-1	ICATE OF DEATH  REG. NO. 1069 17607
DIRITI 140.	ICATE OF DEATH
1. NAME OF DECEASED (Type or Pont)	2. OATE AND HOUR OF DEATH
WILSON, Lessie	July 22, 1969 19:05 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland /538
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
33	Baltimore YES X NO
Mba Jahna Hambina Hamital	E. STREET AND NUMBER
The Johns Hopkins Hospital	3503 Fairview Avenue
SEX 6. RACE 7. MARRIED NEVER MARRIED	B OATE OF BIRTH IS AGE (In seems I to blood a local and
Female Negro	lost birthday 50 Manths: Oays Hours: Min.
OA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INOI	
one during most of working life, even if refired)	
Pastor Church of Chris	st S.C. U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Gardner	Lula Jackson
es, no at unknown! (If yes, give wat of dates of service) SECURITY NO.	Contra
No	Bishop C. Wilson, 3503 Fairview Ave.
18. 250.91 CAUSE OF I	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
LEADING TO DEATH	TE CAUSE UREMIA
(This does not mean the made of dying, e.g., (A)IMMEDIAT	OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	Palla Canal
(8)	ENAL FAILURE
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	LABETES MELLITUS
11	000000000000000000000000000000000000000
	K 1/50-Tamas
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	G. HEART FAILURE
194. OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A- AUTOPSY7 (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	(e.g., in or about 21 C. WHERE OLD #f In Baltimore City also exact leaster)
OR CONTRIBUTING CAUSE OF home, form, foctory, site	eet office bidg., INJURY OCCUR?
Old state of the s	
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURREC	
	While Work
22. 1 certify that (1) (this hospite) attended the deceased from.	
that (1) (we) last saw the deceased alive an Just	22 19 69 and that in (my) (our) apinion death accurred on the do
and have and from the causes stated above. (1) (#e) (did) (did-	net) view the bady after death.
23A SIGNATURE	28. OATE AIGNED
Michael Z Koung W	Attending Med. Shoff Shoff
23C.PHYSICIAN'S	Phys. Director Phys. Director 176
NAME (Type)	
LICHARD KENSINGER MA	EGREE JOHNS MOPKINS HOSPITAL
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	tony, lowed or county.
Burial 7/26/69 Arbutus Mer	
A. OATE REC'O BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
	Chantes R. Law, 802 Mad
1111 29 1969 Paber E. Raiber, 4. D.	1 0 7 5 7 7



2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	F-236 69 7608 CERTIFICATE OF DEATH REG. NO. 69 7608
dear dear cease on th	I. NAME OF DECEASED (Type or Print)  FOSTER, Clara  2. Date and Hour of Death  7/22//9  1.230
D 00 00 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institutions residence before odmission)  A. STATE  B. COUNTY
in a hos	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN Baltimore F. STREET AND NUMBER
U.= _ L .	The Johns Hopkins Hospital 2454 Terra R Firma Rd.
if death occurrect or contrib (4) Undetermin was in regul the deceased	Female Negro Never Married 8. Date Of Birth 9. AGE (in yours lost birthday) 43
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) House wife  12. CITIZEN OF WHAT COUNTRY U.S.A.  13. FATHER'S NAME
	Harry T. Kelly Sally Robingson
istant he di kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? (If es, na or unknown) (If yes, give war or dates of sarvice)  NO  16. SOCIAL SECURITY NO.  Pichard Foster 2454 Morra Pirma Pd
d dy dy	NO Richard Foster, 2454 Terra Firma Rd.  Pis. / 7 4 1 CAUSE OF DEATH   APPROXIMATE INTERVAL
his of ar of ar unce	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (This does not mean the mode of dving and (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (This does not mean the mode of dving and setween onset and death  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (B) IMMEDIATE CAUSE HE MUTTING A SETWEEN ONSET AND DEATH  (C) IMMEDIATE CAUSE HE MUTTING A
ner. actu pro ular mba	head lailure, osthernio, etc., Il means the disease, injury or complication which caused death.)
e must be approved by the chief medical examinatelessed to the hospital by a medical examinaccident of any nature; (2) Body burns; (3) A from hospital (except where the physician who is to death); and (6) No physician was in regional must be obtained before the remains are examinated.	DISEASES OR CONDITIONS, il ony, giving risa to the above cause (A) stating the UNDERLYING CONDITION last.  (B) Probable Bone Many in wasion (MONTHS)  DUE TO, OR AS A CONSEQUENCE OF:  (C) OY METASTATIC CARCINOMA BREAST 2475
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 1995. CONSIDERED IN CERTIFYING CAUSES OF DEATH?  2004. AUTOPSYZ (Yes of Not) 2095. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Manth) (Day) (Yeal) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Wark At Wark
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased olive an July 22 19 69 ond that In (my) (our) opinion deoth occurred on the dots
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body ofter deoth.
	23A. SIGNATURE  Alle N. Schumach U. Degree Phys.   23B. DATE SIGNED  23C. PHTSICIAN'S NAME (Type)   23D. ADDRESS
certificate body was r vs: (1) An a D.O.A. at a ased prior ten approv	Dale N. Schmacher, M.D. DEGREE The Johns Hopkins Hospital  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMATORY 24D. LOCATION (City, town, or county) (State)
body ws: (" b.O.O."	Burial 7-25-69 Baltimore, National Baltimore, Maryland
This certif the body shows: (1) was D.O. deceased written ap	JUL 29 1969 ( ADDRESS Charles) R Law 802 Madison Ave.
	VS 150-REV. 1/1/68

3 -La catile a Cott

1 2 2 2 2 0	818TH NO. 320 69 7609 CERTIFICA	TE OF DEATH REG. NO. 69 7609
deat deat n th	(Type or Print) W NG MA Bates	2. DATE AND HOUR OF DEATH -7/27/69 1 2:45 P.M.
Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  B. COUNTY
a hospitause of ie; (5) De ndance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng caus	31 Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md.	Baltimore YES NO
de ar	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , II Under 24 Hrs.
occu ontrik ermin regul sased is ma	The White WIDOWED DIVORCED DIV	3/17/87 S2 Months Ooys Hours Min.
o o o o	done during most of working life, even if retired)  FOREMAN  STIELL MFGRO	
Was the d	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
dis dis	HENRY BATES  15. Was Oeceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor ar dates of service)  16. SOCIAL SECURITY NO.	FLIZA BETH GIBSON  117. INFORMANT ADDRESS
the the dea	NO - 2/3-01-0718A	4940 Eastern Ave
any any nda	DISEASE OR CONDITION DIRECTLY	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of a nounc atten	LEADING TO DEATH	ise? extension of acute MI
ctur ctur ar bal	(A) OTE 10 (A) OTE 2016 (A) OTE	A CONSEQUENCE OF:
ho he egul	ANTECEDENT CAUSES	onte intraction in
XX (C) X	I have to the applie coase (W) significantly	A CONSEQUENCE OF:
ral cal circian as instants	(9/2002200000000000000000000000000000000	10 Pulmonary Eucholus
E S S E	✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	= = = = = = = = = = = = = = = = = = =
Body the ysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, factory, street, of etc.)	n or obout 21C. WHERE OID (II In Boltimore City, give exoct location) lice bidg., INJURY OCCUR?
95 20	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Nork At Work	21F. HOW OTO INJURY OCCUR?
the horning national (6 and (6 obtains	22. I certify that (1) (this he rollar) attended the deceased from	7/26/69 10/6 4 17/2 2 10/6
of a long of a l	and haur and fram the causes stated abave. (!) (#e) (did) (did nat) v	1967 and that In(my) (col) apinian deoth accurred an the date
eased to ident of hospital o death) must be	23A. SIGNATURE	lew the bady after death.    23B, DATE SIGNEO
al r	DEGREE Phys	
was r A. at a prior	23C. PHYSICIANS NAME (Type) J. R. Neefe dr MD	Ag 40 Eastern Ave Rolf MI
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or coupty) (Stote)
the body shows: (1) was D.O. deceased written a	BURIAL 7/31/69 OHN NAW	
the back was dece	2SA. DATE REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERS DIRECTOR Balley, Duralle, M.d.
	V\$ 150-REV. 1/1/68	

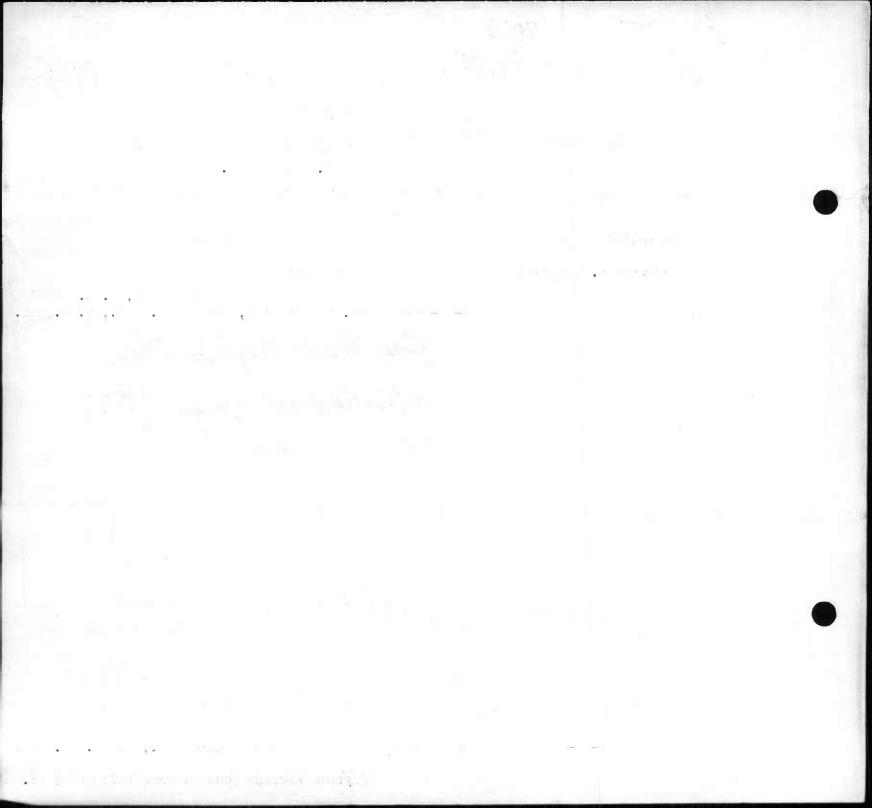
BALTIMORE CITY HEALTH DEPARTMENT 69 CERTIFICATE OF DEATH pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo COLE. ANNIE VIRGINIA JULY 26, 1969 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY attendance (2) COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND canse; C. CITY OR TOWN 0 0 D. INSIDE CITY LIMITS ST.ABNES HOSPITAL BALTIMORE YES K 2. NO prior contributing WILKENS & CATON AVENUE E. STREET AND NUMBER occurred BALTIMORE 21229. MD. 910 WILMINGTON AVENUE etermined regular Pom 5. SEX · MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. eceased lost birthdayl Hours FEMALE WHITE WIDOWED 03-02-91 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [Stote or foreign country] 12. CITIZEN OF WHAT COUNTRY? death = disposition done during most of working life, even if retired) Und or O BVD FACTORY U.S.A. Retired Seamtrist MARYLAND SD 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME direct 4 <u>+</u> 3 (WAYSON) COLE KRX JOSEPH COLE DEC 1D death 0 16. SOCIAL SECURITY NO. 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS final (Yes, na or unknown) (If yes, give wor or dotes of service) attendance 212104797 NO ST. AGNES HOSPITAL . WILKENS & CATON any pronounced 18. or APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture IThis does not mean the mode al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. It means the disease. regular injury or complication which caused death.) aweline d Hernoneye. ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stoting the physician remains UNDERLYING CONDITION last Body burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21& PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) to the hospital Ŷ MEDICAL DEATH (natify medical exomined any nature; Ď obtained 21 D. TIME OF INJURY (Month) (Day) (Yearf (Haut 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 roved (except Not While (APPROX.) and 22. I certify that (I) (this hospital) attended the deceased from JULY 69 that (I) (we) lost saw the deceased alive on JULY eath) ond that In(my) (aur) opinian death occurred an the date accident of hospital the body was released and haur and from the causes stated obave. (1) (We) (dld) (dld not) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED ō Attending 0 Med. Staff Mandio approval Phys. Director ø 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS t D An ALEIANDIA D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) (City, town, or county) (State) written Quaker Cemetery BURIAL Galesville, Maryland MOS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. Ť 21229 VS 150-REV. 1/1/68

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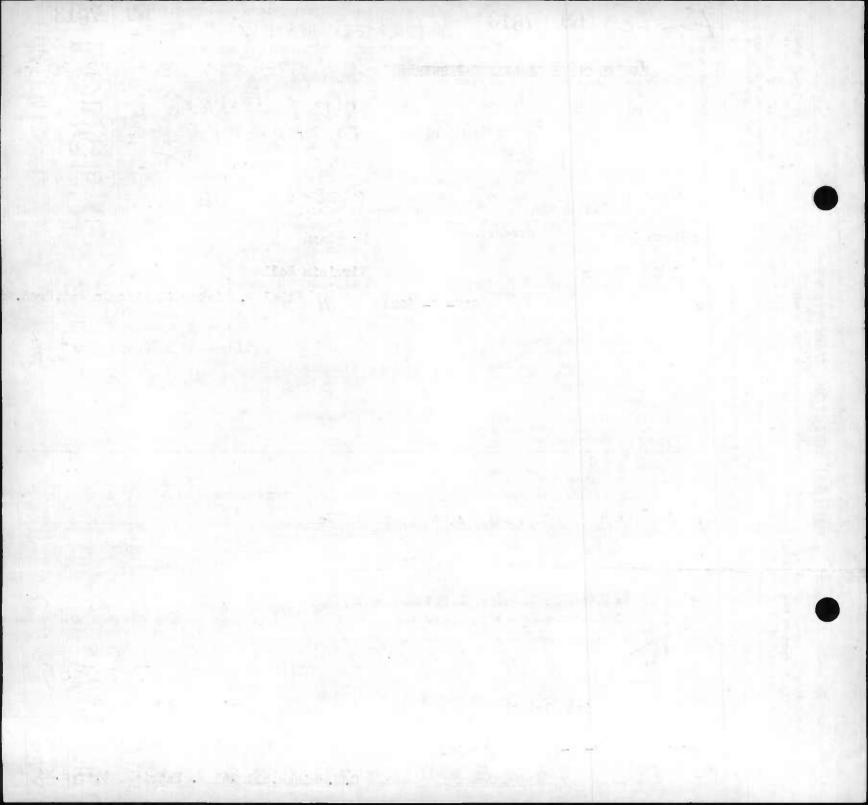
	NO.		7611	CERTIFICA	ATE OF DEATH		
Туре	or Print)	ANNA O	rewe	R	4. USUAL RESIDENCE (Who a. STATEM TY LANDOUR	27 69	
3. PL/	ACE IN BALT	TIMORE, MARYLAND,	WHERE PRONOU	INCED DEAD	A. STATEMATY LANGOUN	ere deceafed livedf	If institution: residence
HOSP	NAME OF	(IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTITU CATION)	TION, GIVE STREET	C. CITY OR TOWN	NBIANA	NSIDE CITY LIMITS?
(0)	ood	Samer	ItAN	Hospita	Baltimore E. STREET AND NUMBER		YES 1
1	15	7.7,00	,,,,,		2807 Indiana	Avenue 21	230 25
5. SEX		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years lost birthdoy)	II Under 1 Yr. Months: Doys
.43.41	F	W	WIDOWED			76	
		vorking lile, even if retired		BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
	Iomemak				Maryland		U.
13. FA	THER'S NAA				14. MOTHER'S MAIDEN NA		
5 141		y Mundhenk	?	1 6. SOCIAL	Mary Burgraf		ADDRE
Yes, no	o or unknown)	(Il yes, give wor or do		SECURITY NO.		T 5	
	No			None	Norman L. Brew	er, Jr. 5	
18	100	3,3 1		CAUSE OF DEA	ATH		BETWEEN
		E OR CONDITION DEATH			AUSE Cardiae C	7 4	0-1
(1	This does n	al mean the mode	of dvina. e.a	(A) IMMEDIATE C	AUSE CONSEQUENCE OF:	merco	0-1
h	earl foilure,	aslhenio, elc. Il meor	is the diseose,	DUE TO, OK A	S A CONSEQUENCE OF:		
in	niury at cam						
	1	plicalian which cause	ad death.)		111		
		ANTECEDENT CAUSE		(a) Caro	more of the	amil	Colon 6.
	DISEASES O	ANTECEDENT CAUSE	es ony, giving	(B) DUE TO, OR	AS A CONSEQUENCE OF	agrail	Colon 6
ris	DISEASES O	ANTECEDENT CAUSE	es ony, giving	(B) DUE TO, OR	as a consequence of	Syria	Colon 6
ris	DISEASES O	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A CONDITION last.	es ony, giving	(B) DUE TO, OR A	AS A CONSEQUENCE OF	Syril	Colon 6.
ri: U	DISEASES OF SET IN THE STORY OF	OR CONDITIONS, if a above cause (A CONDITION last.	ony, giving ) stoling the ONTRIBUTING	(B)(B)	AS A CONSEQUENCE OF	Syril	Colon 6
ATION	DISEASES OF SELECTION OF THE DEATH	ANTECEDENT CAUSE  OR CONDITIONS, if  a above cause (A  B CONDITION last.  II  ICANT CONDITIONS C  H BUT NOT RELATED TO  ONDITION GIVEN IN P.	ony, giving only, stoling the terminal art i (A).	(c)			
ATION	DISEASES OF SELECTION OF THE DEATH	ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A G CONDITION last.  IL ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN POOPERATION 1198. CO	ony, giving only, stoling the terminal art i (A).	(c)	AS A CONSEQUENCE OF:	o) 208. IF YES, WE	Colon 6
CERTIFICATION CERTIFICATION	DISEASES OF SELECTION OF THE PEAT OF THE P	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION last.  ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 19B. CO WAS PE	ony, giving ony, giving stoling the ONTRIBUTING THE TERMINAL ART I (A). ONDITION FOR W REFORMED	(C)VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WE	RE FINDINGS CONSIL
AL CERTIFICATION  610 10 0 10 0 10 0 10 10 10 10 10 10 10 1	DISEASES OF SELECTION OF THE DEAT OF THE D	ANTECEDENT CAUSE OR CONDITIONS, if o above cause (A o CONDITION last.  II ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CO WAS PE	ony, giving ony, giving stoling the ONTRIBUTING THE TERMINAL ART I (A). ONDITION FOR W REFORMED	(C)VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WE	RE FINDINGS CONSIL CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES OF SELECTION OF THE DEAT OF THE D	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION last.  ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 19B. CO WAS PE	ony, giving only, giving only, giving the standard in (A).  ONTRIBUTING THE TERMINAL ART I (A).  INDITION FOR WERFORMED  21B. hometc.)	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or N ., in or obout 21 C. WHERE DID olfice bldg., INJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIL CAUSES OF DEATH?
MEDICAL CERTIFICATION  OLD  OLD  OLD  OLD  OLD  OLD  OLD  O	DISEASES OF SELECTION OF THE PROPERTY OF THE DEAT ISEASE OR COA. DATE OF R CONTRIBUTE ATT (notify)	ANTECEDENT CAUSE  OR CONDITIONS, if  or bove cause (A  or CONDITION last.  II  ICANT CONDITION 5 C  H BUT NOT RELATED TO  ONDITION GIVEN IN P.  OPERATION 198. CO  WAS PER  NT WAS UNDERLYING CAUSE OF medical examiner	ONTRIBUTING THE TERMINAL ART I (A). NIDITION FOR WERFORMED  21B., hometc.) (I) (Hour) 21E.	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or N ., in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	O) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIL CAUSES OF DEATH?
MEDICAL CERTIFICATION  SOLD DOLD CHICATION	DISEASES OF SECTION OF THE DEATH OF THE DEAT	ANTECEDENT CAUSE OR CONDITIONS, if O above cause (A O CONDITION last.  IL ICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CO WAS PE  TT WAS UNDERLYING ITING CAUSE OF medical examiner)  (Manth) (Doy) (Yea	ONTRIBUTING THE TERMINAL ART I (A). NIDITION FOR WERFORMED  21B., hometc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or N , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	0) 20B. IF YES, WE IN CERTIFYING (If In Bolti	RE FINDINGS CONSIL CAUSES OF DEATH?
MEDICAL CERTIFICATION  O D D D D D D D D D D D D D D D D D D	DISEASES OF SELECTION OF THE DEATH OF THE DE	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION last.  ILLIANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 179B. CO WAS PE  HT WAS UNDERLYING ITING CAUSE OF medicol exominer)  (Manth) (Doy) (Yea)	ony, giving ony, giving sloting the ONTRIBUTING THE TERMINAL ART I (A). NODITION FOR WERFORMED  21B. hommetc.) () (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or N ., in or obout 21C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN.	O) 20B. IF YES, WE IN CERTIFYING  (If In Bolti	RE FINDINGS CONSIL CAUSES OF DEATH?
MEDICAL CERTIFICATION  Solution  The solution of the solution	DISEASES OF SET OF THE PROPERTY OF THE PEAT OF THE DEAT OF THE DEAT OF THE PEAT OF THE PEA	ANTECEDENT CAUSE OR CONDITIONS, if o above cause (A o CONDITION last.  IL ICANT CONDITION 5 C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CO WAS PE  THY WAS UNDERLYING ITHING CAUSE OF medicol exominer)  (Manth) (Doy) (Yea  that (I) (this haspit	ony, giving ony, giving sloting the  ONTRIBUTING THE TERMINAL ART I (A), NOTITION FOR W REFORMED  21B, hom, etc.) i) (Hour) 21E, Whii Worl	VHICH OPERATION  PLACE OF INJURY (e.g. e, form, foctory, street, INJURY OCCURRED & Not W. At Wo	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN. hile of the desired of t	O) 208, IF YES, WE IN CERTIFYING (If In Bolti	RE FINDINGS CONSIL CAUSES OF DEATH?
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO 100  T	DISEASES OF SET OF THE DEAT OF	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION I or all or a	ony, giving ony, giving sloting the  ONTRIBUTING THE TERMINAL ART I (A), NOTITION FOR W REFORMED  21B, hom, etc.) i) (Hour) 21E, Whii Worl	VHICH OPERATION  PLACE OF INJURY (e.g. e, form, foctory, street, INJURY OCCURRED & Not W. At Wo	20A. AUTOPSY? (Yes or N ., in or obout 21C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN.	O) 208, IF YES, WE IN CERTIFYING (If In Bolti	RE FINDINGS CONSILE CAUSES OF DEATH?  more City, give exoct le
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO 100  T	DISEASES OF SET OF THE PROPERTY OF THE PEAT OF THE DEAT OF THE DEAT OF THE PEAT OF THE PEA	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION I or all or a	ony, giving ony, giving sloting the  ONTRIBUTING THE TERMINAL ART I (A), NOTITION FOR W REFORMED  21B, hom, etc.) i) (Hour) 21E, Whii Worl	PLACE OF INJURY (e.g., form, foctory, street,  INJURY OCCURRED  At Wo  At Wo  At Wo  At Wo  (We) (did) (did nat)	20A. AUTOPSY? (Yes or No. ), in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN. hile of the december of	O) 20B, IF YES, WE IN CERTIFYING  (If In Bolti  TURY OCCUR?	RE FINDINGS CONSIL CAUSES OF DEATH?
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MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  ("A"   "A"   "	DISEASES OF SERVING STATE OF THE DEAT OF T	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITIONS, if or above cause (A or CONDITION I asi.  II IICANT CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P. OPERATION 198. CO WAS PI  TO WAS UNDERLYING ITHNG CAUSE OF medicol exominet  (Manth) (Doy) (Yea  that (I) (this haspit last saw the decea if fram the causes st  RE	ony, giving ony, giving sloting the  ONTRIBUTING THE TERMINAL ART I (A), NOTITION FOR W REFORMED  21B, hom, etc.) i) (Hour) 21E, Whii Worl	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Wo At Wo At Wo (did) (did nat)	20A. AUTOPSY? (Yes or N, in or obout 21C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN. hile 19	OF 20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  196 1 ta	RE FINDINGS CONSILE CAUSES OF DEATH?  more City, give exoct le
MEDICAL CERTIFICATION  A CONTROL OF THE CATION  A CONTROL OF THE CATION	DISEASES OF SEASE OF CONTRIBUTION OF THE DEATH OF THE DEATH OF THE DEATH (Notify LATER OF THE DEATH (N	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION last.  II IICANT CONDITION TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PRESENTED TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PRESENTED TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PRESENTED TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PRESENTED TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PRESENTED TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS UNDERLYING IT WAS U	ony, giving ony, giving sloting the  ONTRIBUTING THE TERMINAL ART I (A), NOTITION FOR W REFORMED  21B, hom, etc.) i) (Hour) 21E, Whii Worl	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Wo At Wo At Wo (did) (did nat)	20A. AUTOPSY? (Yes or No. 1) and olfice bidg., INJURY OCCUR?  21F. HOW DID IN. In the line of the line	OF 20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  196 1 ta	RE FINDINGS CONSILE CAUSES OF DEATH?  more City, give exoct le
MEDICAL CERTIFICATION  AEDICAL CERTIFICATION  (NAME of the centification	DISEASES OF COMMENT OF THE DEATH OF THE DEATH ISEASE OR COMMENT OF THE DEATH ISEASE OR COMMENT OF THE DEATH (notify)  10. TIME F INJURY APPROX.)  2. I certify approx.)  2. I certify ond hour and hour a	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION last.  II ICANT CONDITION 10st.  ICANT CONDITION TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PR  WAS UNDERLYING ITING CAUSE OF medical examiner)  (Manth) (Doy) (Yea  that (I) (this haspit last saw the decea d fram the causes st  RE  WATION, 24B. DATE OPERATION, 24B. DATE	ony, giving ony, giving stoling the ONTRIBUTING THE TERMINAL ART I (A). NOTION FOR WERFORMED  21B. Whit Word all attended the sed alive an	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory, form, foctory, street, foctory, street, foctory, street, foctory, street, foctory, s	20A. AUTOPSY? (Yes or N  in or obout 21 C. WHERE DID olfice bldg., INJURY OCCUR?  21 F. HOW DID IN. hile the did good and the death.  Wed. Director  23D. ADDRESS  EEE COOR 24D. I	O 20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  1969 ta	RE FINDINGS CONSIL CAUSES OF DEATH?  more City, give exoct le principal death accurate apinian death accurate apin
WEDICAL CERTIFICATION  AEDICAL CERTIFICATION  (1)  AEDICAL  (2)  (3)  (4)  (4)  (4)  (5)  (4)  (5)  (6)  (7)  (7)  (7)  (7)  (7)  (7)  (7	DISEASES OF COMMENT OF THE DEATH OF THE DEATH ISEASE OR COMMENT OF THE DEATH ISEASE OR COMMENT OF THE DEATH (notify)  10. TIME F INJURY APPROX.)  2. I certify approx.)  2. I certify ond hour and hour a	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION Iss).  ILICANT CONDITIONS CHEMICALLY CONDITION ISS.  ICANT CONDITION S CHEMICALLY CONDITION GIVEN IN P. OPERATION (IN COMMAS PER CONDITION)  IT WAS UNDERLYING (WAS PER COMMAS P	ONTRIBUTING THE TERMINAL ART I (A). PODITION FOR W REFORMED  1) (Hour) 21E. Whit Worl  al) attended the sed alive an	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  INJURY OCCURRED  INJURY OCCURRED  IN At Wo  IN At Wo  IN A COMMENT OF COMMENT	20A. AUTOPSY? (Yes or N  in or about 21C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN. hile 19 9 and the view the bady after death.  thending Med. hys. 23D. ADDRESS EEE GOOD 24D. IN EEE GOOD 24D. IN EEE GOOD 25C. FUNERAL DIRECTO	OP 20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  1969 ta  nat in (my) (aur)  Shoft Phys.  OCATION  altimore,	RE FINDINGS CONSIL CAUSES OF DEATH?  more City, give exoct le printer death accurate a printer d
MEDICAL CERTIFICATION  AEDICAL CERTIFICATION  (NAME of the centification	DISEASES OF COMMENT OF THE DEATH OF THE DEATH ISEASE OR COMMENT OF THE DEATH ISEASE OR COMMENT OF THE DEATH (notify)  10. TIME F INJURY APPROX.)  2. I certify approx.)  2. I certify ond hour and hour a	ANTECEDENT CAUSE OR CONDITIONS, if or above cause (A or CONDITION last.  II ICANT CONDITION 10st.  ICANT CONDITION TO CONDITION GIVEN IN P. OPERATION 19B. CO WAS PR  WAS UNDERLYING ITING CAUSE OF medical examiner)  (Manth) (Doy) (Yea  that (I) (this haspit last saw the decea d fram the causes st  RE  WATION, 24B. DATE OPERATION, 24B. DATE	ony, giving ony, giving stoling the ONTRIBUTING THE TERMINAL ART I (A). NOTION FOR WERFORMED  21B. Whit Word all attended the sed alive an	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  INJURY OCCURRED  INJURY OCCURRED  IN At Wo  IN At Wo  IN A COMMENT OF COMMENT	20A. AUTOPSY? (Yes or N  in or obout 21 C. WHERE DID olfice bldg., INJURY OCCUR?  21 F. HOW DID IN. hile the did good and the death.  Wed. Director  23D. ADDRESS  EEE COOR 24D. I	OP 20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  1969 ta  nat in (my) (aur)  Shoft Phys.  OCATION  altimore,	RE FINDINGS CONSIL CAUSES OF DEATH?  more City, give exoct le printer death accurate a printer d

The most present of the party of the latest present of the latest Continued Ot - D - D Street Continued on Comment of the Squar Colon Garage 

	4.125 00 70		HEALTH DEPARTMENT	6	9 7019
	SIRTH NO.	612 CERTIFICA	TE OF DEATH	REG. NO.	, PTS
	NAME OF DECEASED	12. A	2, DATE AN	DHOUR OF DEATH	725
	1. Villed IT	arman	1 7	127/67	1 / 3 M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUN CED DEAD	A. STATE B. COUN	e deceased lived. If institu TY	ulion: residence before of mission)
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland		2302
	INSTITUTION TO BELLET	Hen Home	C. CITY OR TOWN		CITY LIMITS?
	2000 partino	- In the fores	E. STREET AND NUMBER	Y	ES NO NO
	43		20 E. Hamburg	g St.	
5	SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years In Inches) Market Ma	Under 1 Yr. II Under 24 Hrs.
1		OWED DIVORCED	4-12-70	5/	
d	OA, USUAL OCCUPATION (Give kind of work 108, KI one during most of working life, even il retired)	ND OF BUSINESS OR INDUSTRY	BIRTHPLA CE (Stole or lorei	gn country)	2. CITIZEN OF WHAT COUNTRY?
1	Housewife 3. FATHER'S NAME		Engla	xo-	
║.			14. MOTHER'S MAIDEN NAM	AE	
	Frederick E. Sargeant 5. Wos Deceosed Ever in U. S. Armed Forces?		Eva Bell		
o	(es, no or unknown) (If yes, give wor or dotes of se		17. INFORMANT		on, APPRES. 20005
	No	218-03-2850	Mrs. Eva Collin	is, 1301 Mass	Ave., N. W. 508t.
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATI	-1 FR.	00.4.	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	LEADING TO DEATH	AND MAN ETHATE CALL	of there are	Cyarapur 13	hock
	(This does not mean the mode of dying, heart failure, osthenio, etc. II means the di	e.g.,	A CONSEQUENCE OF:		
	injury ar complication which caused death.	for to	- dulling	10.00	Collance -
	ANTECEDENT CAUSES	(B)	g-ungumax	Juma Col	u tislide
	DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF	Dallet	
	UNDERLYING CONDITION lost.	(c) ////////	le canisi	us africa	475
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A),  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	IINAL	***********************	*****	
1 2	19A-DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND	NINGS CONSIDERED
1020	21A ACCIDENT WAS IN A STATE OF THE STATE OF			IN CERTIFYING CAUSES	OF DEATH?
180	OR CONTRIBUTING TICAUSE OF	21 & PLACE OF INJURY (e.g., in home, form, foctory, street, off letc.)	ice bldg., INJURY OCCUR?	(If In Boltimore Ci	ly, give exact location)
chica					
100	OF INJURY	While At Not While	21F. HOW DID INJU	IRY OCCUR?	/
		Work At Work	44/10		127 10
	22. I certify that (I) (this hospital) attention (I) (we) last seventh decreased attention	20/36 //	/		19.67
	that (I) (we) last saw the deceased office	// /		t in (my) (our) opinion	deoth occurred on the date
	and haur and fram the couses stated obc	ive. (I) (me) (did) (did not) vi	ew the body ofter death.	22.0	, DATE SIGNED
	Amen of France		ding Med. S	toff 🗀	4/2-7-169
	23C(PHYSICIAN'S NAME (Type)	GEGREE " "Y"	3D, ADDRESS	hys.	11-910
	GONZALO 1	· (ThackNA)	4.D. South	Ballun	u Jes- Hosp
24	A. SURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	own, or countyl (State)
		Oak Lawn Cemetery	7225		., Balto. Md.21224
25	SA. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
L	JUL 29 1969 Robert & Ja	EST WELL	Flynn & Flemin	g Funeral Hon	ne 1422 Light St.
· V	150-REV. 1/1/68				



1, <b>N</b> . (Typ	260 69 7613				59 7613
1, <b>N</b> . (Typ	H NO.	CERTIFICA	TE OF DEATH	REG. NO	020
	AME OF DECEASED		2. DATE AND I	OUR OF DEATH	
3. P	DANIEL GLYDE CORNEL	THE PICHER	7-25	-6C	1 17 20
	LACE IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (Where d.		tion: residence before or
E111	L NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION CIVE STREET		ERRICK	60-1
HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	UNIVERSITY O	FMD.	FREARRICI		s NO
	70		E. STREET AND NUMBER	1	
1	3 HOSP		42 LINCOL	N HIT.	S
5. 5	EX 6. RACE 7. MARRIE	ED NEVER MARRIED	lost	GE (In years   I	Under 1 Yr. If Unde
	N Negro WIDOW	ED DIVORCED	2-28-03	66	
	USUAL OCCUPATION (Give kind of work 10B, KIND during mast af working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State as fareign	country)	2. CITIZEN OF WHAT
	onstruction *****	****	Maryland		USA
	ATHER'S NAME	meg	14. MOTHER'S MAIDEN NAME		
1	Weal NMN Fisher		Virginia Bell		
15. V	Vos Deceased Ever in U. S. Armed Farces?	16. SOCIAL	17. INFORMANT		ADDRESS
Nes.	no or unknown) (If yes, give wor ar dotes of service	SECURITY NO. 217-05-8622A	/ Ethel P.	Fisher 42/	Lincoln Apt,
			1.01.11	ON Sh	
	18. / 9 / X I	CAUSE OF DEATH	H		BETWEEN ONSET A
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BRAIN	JUMOR Gibe	MA DT	EMPORAL 56
	(This does not mean the mode of dying, e.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		Dr. Dr
	hearl failure, asthenia, etc. It means the disectinity of complication which coused death.)	se,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES				
		(B)	A CONSEQUENCE OF:	*******	
	DISEASES OR CONDITIONS, if any, giving the lot like obove couse (A) stating I	he	A CONSEQUENCE OF		1
	UNDERLYING CONDITION last.	(c)		***************	
2					
1 =	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINA				
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 2	8. IF YES, WERE FIN	DINGS CONSIDERED
LL.	7-3-69 WAS PERFORMED	T	11	CERTIFYING CAUSE	S OF DEATH?
E	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exoct lacotian)
CERTIFIC	OR CONTRIBUTING CAUSE OF	home, form, factory, street, of	nce bldg., INJURY OCCUR?		
AL CE	DEATH (notify medical examiner)				
ICAL CE		21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
MEDICAL CE	21D.TIME (Month) (Day) (Yeor) (Hour) 2 OF INJURY	While At Nat While		OCCUR?	
MEDICAL CE	21D.TIME (Month) (Day) (Yeor) (Hour) 2 OF INJURY	TE INJURY OCCURRED	е		
MEDICAL CE	21D.TIME (Month) (Day) (Yeor) (Hour) 2 OF INJURY	While At At Wark	е	OCCUR?	) - 25 19
MEDICAL CE	21D.TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)	While At Nat While At Wark  At Wark  At the deceased from	е	6.9to	
MEDICAL CE	21D.TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended	While At Wark  At Wark  At the deceased from  The state of the deceased from the dec	7-1 19: 19:69 and that i	6.9to	
MEDICAL CE	21D.TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive at	while At Nat While At Wark  d the deceased from  (I) (We) (did) (dld not) v	19 69 and that i	69_ta_ n(my) (aur) apinia	
MEDICAL CE	21D.TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and how and from the causes stated above.	While At Nat While At Wark  It to decease from the control of the decease from the control of th	19 69 and that if iew the bady after death.	6.9ta n(my) (aur) apinia	n death accurred on
MEDICAL CE	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive along the deceased alive at and have and from the causes stated above. 23A. SIGNATURE (23A. SIGNATURE)	While At At Wark  of the deceased from  of t	19 69 and that if iew the bady after death.	6.9ta n(my) (aur) apinia	n death accurred on
MEDICAL CE	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive at and have and have at a same and have at a same at a	While At At Wark  of the deceased from  of t	19 69 and that it iew the bady after death.  And Med. Shales.	6.9ta n(my) (aur) apinia	n death accurred on
MEDICAL CE	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive as and have and have also signature.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Daniel Hlebeth	While At At Wark  At	19 69 and that is it with the bady after death.  Inding Med. Shales. Shales. ADDRESS  One of the bady after death.	6.9 to n(my) (aur) apinio	B. DATE SIGNED  7-25-6
MEDICAL CE	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and have and have also also and have also also also also also also also also	While At At Wark  Work At Wark  It was the deceased from the decease from the dece	19 69 and that is item the bady after death.  Med. Director Phy 23D. ADDRESS  WATORY 24D. LOCA	6.9 to n(my) (aur) apinio	R. DATE SIGNED  - 25-6  Gaww, ar caunty)
MEDICAL CE	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive at and have and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Daniel Hlebeth  BURIAL CREMATION, 248. DATE   24C.	While At At Wark  At	19 69 and that is item the bady after death.  Med. Director Phy 23D. ADDRESS  WATORY 24D. LOCA	6.9 to n(my) (aur) apinio	B. DATE SIGNED  -25-6  Taww, ar caunty)  derick  M
MEDICAL CE	21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive at and have and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Daniel Hlebeth  BURIAL CREMATION, [248, DATE [24C.	While At At Wark  of the deceased from  (I) (We) (did) (dld not) v  DEGREE  NAME of CEMETERY OF CRE	19 69 and that is item the bady after death.  Med. Director Phy 23D. ADDRESS  WATORY 24D. LOCA	6.9 to n(my) (aur) apinion (city, erick Free	B. DATE SIGNED  - 25-6  Jaww., ar caunty)  derick  M  ADDRESS



11	= - 164	BALTIMORE CITY	HEALTH DEPARTMENT		7.6
BIDT	H NO. 69 76	14 CERTIFICA	TE OF DEATH	REG. NO	63 7614
	ME OF DECEASED	4.1		AND HOUR OF DEATH	
(Тур	" Deborah A. Eber	ing	T	25	Q(Q) 845 P
3. P	ACE IN BALTIMORE, MARYLAND, WHERE PRO	OUNCED DEAD	4. USUAL RESIDENCE IN	Where deceased lived If i	nstitution: tesidence before admission)
II HOS	NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland c. CITY OR TOWN OF	Baltimor	10.
11.2	Johns Hopkins Hosp	ital	Baltino	ACTICA	YES WXX NO NO
'	JOHNS HOPPING HOSP	1,1-51	E. STREET AND NUMBE		TES NO .
	33			naven Priv	re
5. SE	X 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last biglings)	Il Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.
1	emale W widow	DIVORCED DIV	9 120 156	16.	Min.
IOA.	USUAL DCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12 CITIZEN OF WHAT COUNTRY?
	Student	*******	Baltimor	e, Md.	USA
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN		
	William Eberlina		Daris	Klinge	netein
15, W (Yes,	os Deceased Ever in U. S. Armed Forces? no or unknown! (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
	No	SECORITI NO.	William E. I	Eberling 22	Belhaven Dr. 21236
l i	8.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	RE RESourato	m Feilure	2 2 weeks
	This does not meon the made of dying, e. seort foilure, asthenia, etc. It meons the diseas	DIJE TO OP AS	A CONSEQUENCE OF:		<u> </u>
	njury ar camplication which caused death.)				10
	ANTECEDENT CAUSES	(B) C43	tic tilovosi.	5	1d years
	DISEASES OR CONDITIONS, if any, giving the latest of the grown course (Al stating the stating the stating the stating the stating the statest of the statest	DUE TO, OR AS	A CONSEQUENCE OF:	~ · · ·	751
	INDERLYING CONDITION lost.	(c) 75	eudomonas!	Kospiratory	1 htetim > 6 mos.
z	11			J	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  O THE DEATH BUT NOT RELATED TO THE TERMINA	3 L			
	ISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPST? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
	A ACCIDENT WAS UNDERLYING 2 PR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in orne, form, factory, street, of	or about 21 C. WHERE DID	(If to Boltimos	re City, give exact location)
N S I	EATH Inotify medical examined	lc.)			
MEDI	D. TIME (Month) (Day) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	PPPOYI	Vhile At Not While	· 🗆 📗		
2	2. I certify that (M) (this hospital) attended	the deceased fram	0416	19 6 1 10	Tuly 25 1969
	nat (I) (we) last saw the deceased alive or		1.0		nian death occurred on the date
0	nd haur and fram the causes stated abave.	(I) (We) (dld) (dld nat) v			
2	A. SIGNATURE	A			23 B. DATE SIGNED
	Thomas Toth	Qe MID Atter	nding Med.	Shaff Phys.	July 25, 1969
2	NAME (Typel THOMAS P Hy	DE M.D.	3D. ADDRESS		
	THOMAS 1. III	DE M. D.	THE JOHNS	HOPKINS HO	SPITAL
24A.	BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (C	ity, tawn, or cauntyl (State)
	urial July 28,69	Parkwood Ceme		Baltimore, M	laryland
25A	DATE REC'D BY HEALTH DEPT.  258 NAM	OF REGISTRAR	25C. FUNERAL DIRECT	OR COLOR	A DDRESS

VS 150-REV. 1/1/68

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Inc. 7110 Belair Rd. 21206

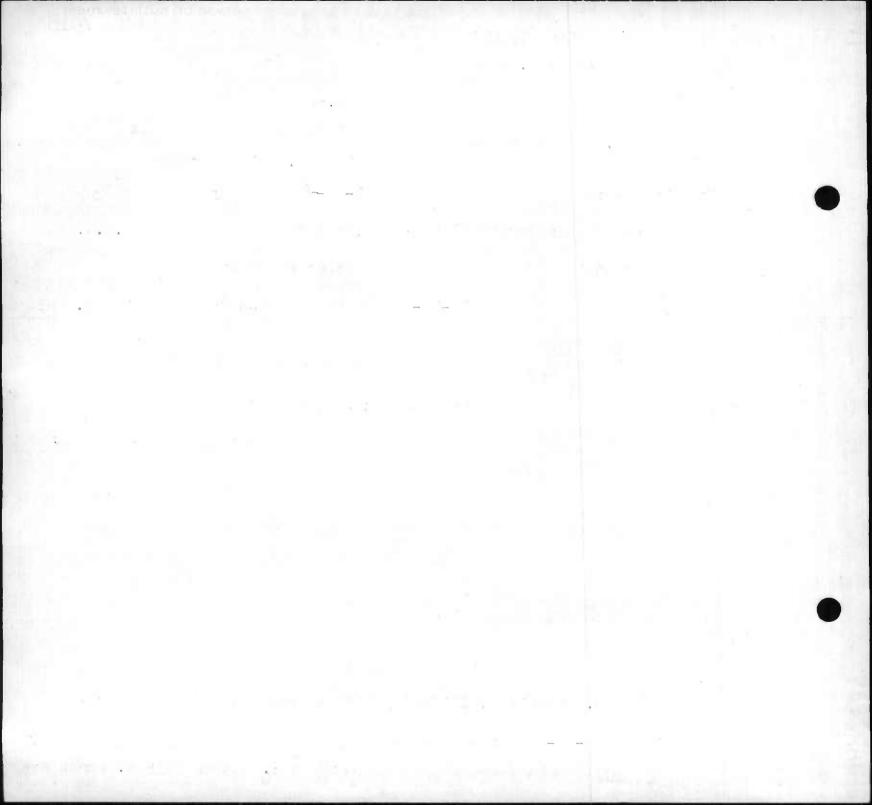
- 2 19 Land may be will be The stages of the stage of the 

BOSIS, by rising only . may a out aversa in the previous

The state of the s	5-520 69 7615 CERTIFICATE OF DEATH REG. NO. 69 7615
dea dea son + Su	(Type or Print) ELIZABETH JANOWICK 2. DATE AND HOUR OF DEATH
E Mospith chilse of ise; (5) De endance to death	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  THE TOTAL OF THE PROPERTY OF THE PROPE
Dring ar att	THE JOHNS HOPKINS HOSPITAL  BALTIMORE  E. STREET AND NUMBER  405 S. DEAN STREET  21224  5. SEX   6. RACE   7. MARRIED   1. NEVER MARRIED   1. S. DATE OF BIRTH   19. AGE (in years   1. If Under 24 Hrs.
occc ontri ormire regulation is m	FEMALE WHITE WIDOWED DIVORCED 10-1-12 lost birthdoy Months: Min.    10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Style or foreign country)
death r or c Undet as in e dece	Housewife Cwn Home Baltimore
F = 1. Sp. 3. S	CADMUS FISTER Pfister SADIE CREAMER Cramer
Sista the kind dea dea inal	15. Wes Decessed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO. 216-24-2839   Leo M. Janowick 3000 E. Pratt Street
his bed of a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE  CAUSE OF DEATH  CARCINOMA OF B LUNG  MONTHS
miner. fracture pro	heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:  rise to the obove cause IA) stating the UNDERLYING CONDITION last.  (C) (C)
dic dic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUT the ci (2) B (2) B ore ti phy fore	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Local Contribution of Contributio
ved by hospi nature ept w d (6) r	21D. TIME (Month) (Day) (Year) (Houd) 21E. INJURY OCCURED OF INJURY (APPROX.)  While At Work At Work
any (exception); an obt	22. I certify that (1) (this hospital) attended the deceased fram 7.22 19 69 to 7.26 19 67 that (1) (was) last saw the deceased alive on 7.26 19 69 and that in (my) (cert) apinion death accurred an the date
eased ident hospit deat	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  Attending Med. Staff Director Phys. Director Phys. D. 26. (69)
was Was An Lat	23C. PHYSICIAN'S NAME (Type)  J. SYLVESTER  DECRES  THE JOHNS HOPKIN HO DITAL
bod Vs: (D.O	24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  7-30-1969  Sake View Memorial  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS
This the shov was dece	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  VS 150-REV. 1/1/68  ADDRESS  VS 150-REV. 1/1/68

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

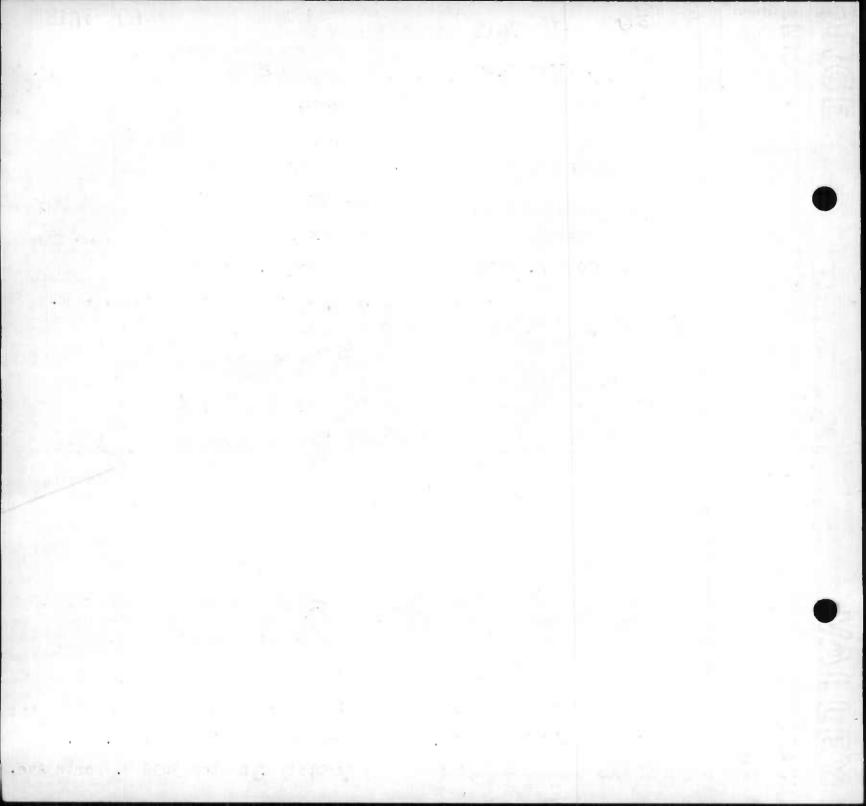
	2 .				BALTIMORE CITY	HEALTH DEPAR	RTMENT		00	171 - 4.5	
1 4	B-65		ישליי	10	CERTIFICA	TE OF DE	EATH	REG. NO		7616	
	TH NO.	69	/b.	TO_				HOUR OF DE	ATH		
	pe or Print)	Laura	A. E	Brown	1		J4	1/427	, 1969	1:30	A M.
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PRO	NOUNC	D DEAD	4. USUAL RESID	B. COUNT	deceased lived.	If institution res	idence before od	mission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	STITU TIO	N. GIVE STREET	Maryla C. CITY OR TOW	/N	D.	INSIDE CITY LIM		
	224	O N. Fulto	n Ave	nue		Baltim			YES 🏝	NO L	
	00							ton Ave	nue		
	emale	6. RACE	7- MARR		DIVORCED	1-20	99 10	AGE (In years st highlight)	Months I	Yr. If Under Poys Hours	24 Hrs. Min.
		JPATION (Give kind of wo		(		11. BIRTHPLACE	(State or foreign	n country.	12, CITIZE	N OF WHAT CO	OUNTRY?
dor		working life, even if relired) ria Worker		schi	lld Kohn	Virgin	ia		U.	S.A.	
13.	FATHER'S NA	ME				14. MOTHER'S A	MAIDEN NAM	E			
	John	Council				Rebec	ca Co	uncil			
15. (Ye	Was Deceased	Ever in U. S. Armed Fo	orces? tes of servi		SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	No				16-12-6971	A Mrs	Jus tin	e Robin	son 224	.0 N. Fu	ulton
	18.4/2	31			CAUSE OF DEAT	4			85	APPROXIMATE IN	
	DISEAS	E OR CONDITION D	-			0	,	,			
	/This does n	LEADING TO DEATH			(A) IMMEDIATE CAL		icen	1100		/UK.	
	heart failure,	ol meon the mode o asthenia, etc. It mean aplication which cause	s the dise		DUE TO, OR AS	A CONSEQUENCE	OF:			•	
	1	ANTECEDENT CAUSE	S		munt	Tirlo Bo	al So	705		2 mo	3
	DISEASES C	OR CONDITIONS, if	any, giv	ving	DUE TO, OR AS	A CONSEQUENC	E OF:				
		obove couse (A)	sloling	the	10 Apriler	110800	ratic: 1	format 1	Spank	- 1-n8	
	ONDERETING				(C)-f4			1 Carre V. J pe		J	
ATION	OTHER SIGNIF	ICANT CONDITIONS CONDITIONS CONDITIONS	THE TERMIN					de de 10 de de 10 de			
CERTIFICA		OPERATION 198 CO		OR WHIC	H OPERATION	20 A. AUTOPS	Y? (Yes or No)	20B. IF YES, W	ERE FINDINGS	CONSIDERED EATH?	
AL	OR CONTRIBL	TING CAUSE OF		21 B. PLA home, fo	CE OF INJURY (e.g., i	n or obout 21 C. W fice bldg., INJURY	HERE DID	(If in Bo	Itimore Clly, give	exoct locotion)	
MEDIC	21 D. TIME	(Month) (Doy) (Year	) (Hour)	21 E. 1NJ	URY OCCURRED	21 F. H.C	DW DID INJU	RY OCCUR?			
ME	(APPROX.)			While A	Not While	е					
	22	that (I) (this haspite	al) attend			7-20	) - 10	68 1	7-27-	49 10	
	that (I) (we)	last saw the deceas	ed alive	an	7-27-60	7 19	and that	in(my) (aur	) aplnian death	accurred an	the dote
	and hour and	from the causes st	ated abov	e. (I) (W	e) (did) (dld not) v	iew the bady a	fter death.				
	23A SIGNATU	IRE	/	,	1				23B. DATE	SIGNED	
	23C. PHYSICIA	ansol	coop	021		nding M b. Di 23D. ADDRESS	ed. Sirector P	haff hys.	7/	28469	
	NAME (T	ype)	nkli	n Ph	illips //LD	558 McM	lechen	Street	-Ballo	161	
24	A. BURIAL CRE	MATION, 24B. DATE			of CEMETERY OF CRI		24 <b>D.</b> LO		(City, town, or	county)	(Stote)
	Burial	7-30-	69	Arbu	tus Memor:	ial Park	Bal	timore	County	Maryla	and
	Ti-	BY HEALTH DEPT.	25B. NA	ME OF RI		2SC. FUNERA	L DIRECTOR			ADDRESS	
	1111 2	9 1969 Jaben	\$ F' 26	weer,	91.000	Herbe	TE E	Nutter	3035 W.	Mor. Cu	Ave
1/6	150 BC37 T/1/	( )									



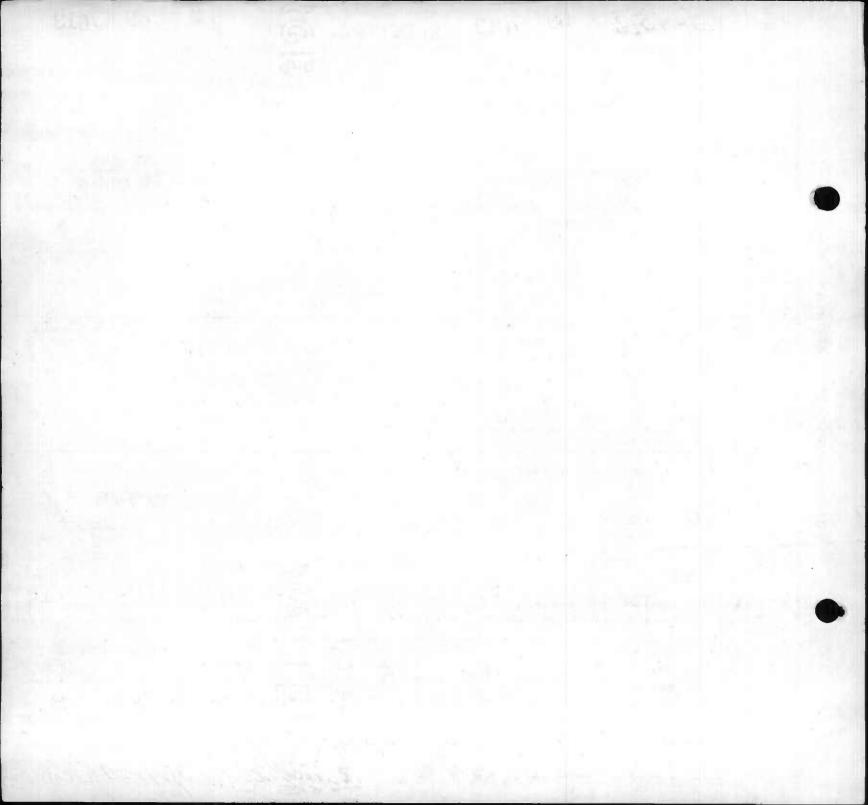
	14	HEALTH DEPARTMENT
	BIRTH NO. 69 7617. CERTIFICA	TE OF DEATH REG. NO. DO 1611.
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	CARROLL 185210 L.	7/26/69   5 50 PN
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	MARULAND GENERAL	
1	111111111111111111111111111111111111111	E. STREET AND NUMBER
	HOSPITAL	1912 Chalse RX
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr., II Under 24 His.   Months! Doys   Hours   Min.
	TEMALE NEGRO WIDOWED DIVORCED	10115 103
I	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even it retired)	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY
	Domestic WORK	mo. USA
Н	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	WALTER CARROLL	ANNIE WILSON
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	7. INFORMANT ADDRESS
	070287774	Mrs Dorothy Booker 1912 Chelsea Road
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the a lastic last and last
I	(This does not mean the made of dying, e.g. (A) IMMEDIATE CAUSE	CONSEQUENCE OF:
	heart failure, asthenia, etc. Il means the disease, injury ar complication which caused death.]	CONSEQUENCE OF:
	ANTECEDENT CAUSES	T.5
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A	CONSEQUENCE OF:
	INDERIVING CONDITION to a	
I	II	PP
H	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
II	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
l	198. CONDITION FOR WHICH OPERATION WAS PERFORMED CHURCH OPERATION	20A-AUTOPSY? (Yes or No.) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
H	U 21A- ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY Is-g., in home, farm, foctory, street, office	or about 21 C. WHERE DID. All the Relations of the street
	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, efficiency	or obout 21 C. WHERE DID (If In Boltimore City, give exact location) ee bidg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hourt 21E IN LIEY OCCUPRED	21F. HOW DID INJURY OCCUR?
	While At Not While I	
	22. I certify that (I) (this hospital) attended the deceased from	7) 19 (29 10 ) 11 20 10 (29
	that (I) (we) last saw the deceased alive an and sale	19 69 and that in(my) (our) apinion death accurred on the date
l	and hour and fram the causes stated above. (1) (We) (did) (did not) vie	with page after death in the inthit four abinion death accurred on the date
I	23A. SIGNATURE	238, DATE SIGNED
	Attend Physics	
	22 C BLIVELOU A AND	D. ADDRESS
	DEGREE	
12	REMOVAL ISpecify) 248. DATE 24C. NAME OF CEMETERY OF CREM	
	Burial  7-31-69   Hopkins Chapel	Cemetery Howard County, Maryland
12	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Į	JUL 29 1969 96 Bert E. Harber M.D. 9 ( )	Herbert E. Nutter 3035 W. North Ave

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	ASED			2. DATE	AND HOUR OF DE	ATH	
(Type or Print)	SMITH, Alle	n Jame	S	4. USUAL RESIDENCE (W	y 28, 1969	46 - 14 - 14 - 14 - 14	4:00 A. A
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	A. STATE B. CO	UNTY	. If institution: residence	o before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN	In.	INSIDE CITY LIMITS?	2/
INSTITUTION				Baltimore	0.	YES T	NO 🗌
90				E. STREET AND NUMBER			
	11 Nursing &			2524 Ellam			16 H 4 - 24 H
S. SEX	6. RACE		NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys	If Under 24 Hrs Hours Min.
M OA. USUAL OCCU	N PATION (Give kind of work	108, KIND OF		12-26-03 Y 11. BIRTHPLACE (State of f	oreign country)	12. CITIZEN O	F WHAT COUNTR
	orking lite, even if retired)  nstruction			Winninia		11.0	
3. FATHER'S NAM				Virginia 14. MOTHER'S MAIDEN N	AME	U.S.	. А.
	AllenJ	. Smit	h	Mary E	Carter		
5. Was Deceased I	Fuer in U. S. Armed For	cas?	1 6. SOCIAL	17. INFORMANT		ADD	RESS
No No	(If yes, give wor or date	a or service/	218-05-9988	Mr O, Neil	Smith 252	4 Ellamon	t St.
1B.	. 24018	1.9	CAUSE OF DEA	тн			OXIMATE INTERVAL
DISEASE	OR CONDITION DIE	RECTLY		CI	2		, ,
	t moon the mode of	dying, e.g.,	(A) IMMEDIATE CA	S A CONSEQUENCE OF:	illo		7/2/69
	sthenio, etc. It meons dicotion which coused		50210, 511 11	A CONSEQUENCE OF.			
A	NTECEDENT CAUSES		(8)	turoseluta S A CONSEQUENCE OF:	Rent d	huers n	KIL
DISEASES OF	R CONDITIONS, if	ony, giving	DUE TO, OK A	C A CONSCOURNES OF			C. The Court of th
rise lo lhe	obove couse (A) CONDITION lost,						Lers
rise Io Ihe UNDERLYING	obove couse (A) CONDITION lost,	stoling · Ihe		sa consequence of			Lers
rise to the UNDERLYING	obove couse (A) CONDITION lost.  II CANT CONDITIONS COI BUT NOT RELATED TO TI	stoling · The	(c) at	morlens,	gu-	2	leas
NO OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	obove couse (A) CONDITION lost.  II CANT CONDITIONS CO. BUT NOT RELATED TO TI NOTITION GIVEN IN PAR OPERATION 1178. CON	STORING THE STORING HE TERMINAL TO A (A).	(c) at		No) 20B. IF YES, W	VERE FINDINGS CONS	lcus
NOTHER SIGNIFIC TO THE DEATH DISEASE OR CO	Obove couse (A) CONDITION Iosi.  II CANT CONDITIONS COI BUT NOT RELATED TO TI INDITION GIVEN IN PAR OPERATION 198. CON WAS PERI	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V	(c) at	20A. AUTOPSY? (Yes or	No) 208. IF YES, W	VERE FINDINGS CONS	!?
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	Obove couse (A) CONDITION lost.	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V	(c) Tb	wirlens,	No) 208. IF YES, W	VERE FINDINGS CONS	!?
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify to the contribut)	Obove couse (A) CONDITION lost.  II CANT CONDITIONS CO. BUT NOT RELATED TO TI NODITION GIVEN IN PAR OPERATION 178. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exomine)	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR VEORMED  218, hometc.	(C)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WIN CERTIFYING	VERE FINDINGS CONS	!?
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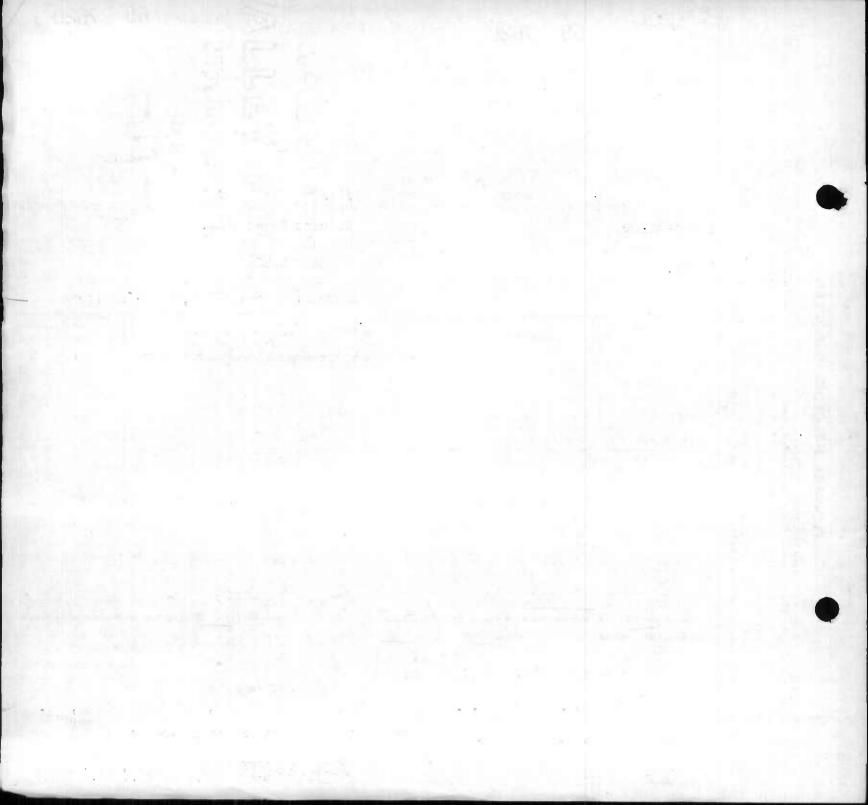
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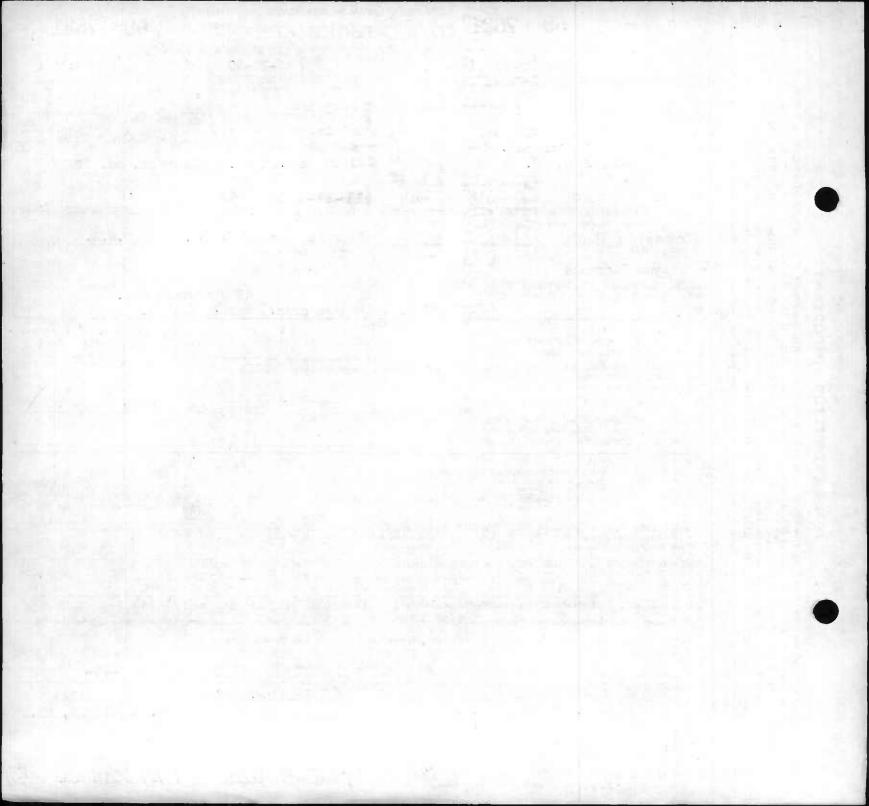
BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH 7620 I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) A. STATE B. COUNTY ved. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD n (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS BITIMOUR ST YES 💢 NO Sallimor E. STREET AND NUMBER 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED Hours last birthdoy) DIVORCED 7/11/06 WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) USA Calvert County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY ALLEN UNKN. 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL 4940 Eastern Ave. Baltimore, Maryland 21224 (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED 20 A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At [ Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 that (I) (we) lost sow the deceased alive on. and that In(my) (our) opinion deoth occurred on the dote ond hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. 23A, SIGNATURE 23 B. DATE SIGNED Attending | Phys. 23C. PHYSICIAN'S 23D. ADDRESS Baltimore CITY NAME (Type) William Mac Donald M.D. 4940 Eastern Avenue, Baltimore DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Maryland MT. AUBURN CEMETERY 7/28/69 BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

MORTON & DYETT FUNERAL HOMES, INC. aurens St., Balto., Md. VS 150-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	PAME OF DECEA		da Francisco	2. OATE AND HOUR OF CEATH	4.35
			ie <sup>F</sup> razier	7-22-69	4:15 F
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INS	STITUTION		ty Hospitals	c. CITY OR TOWN Baltimore	YES A NO
15		1940 Eastern	-	E. STREET AND NUMBER	153 [3] 140 []
	E	Baltimore, Ma	d. 21224	1905 Herbert St. Baltim	ore, Md. 21217
5. S	SEX 6.	RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Manths; Ooys Haurs M
	Female	Negro	WIDOWED DIVORCED	11-11-1914 54	3073
		ATION (Give kind of work rking lite, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COU
00111		ic Work		Georgia, Hancock Co.,	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	1
	Lynn	Torrance		Emma Johnson	
15.	Was Deceased E	ver in U. S. Armed Far	ces? 16. SOCIAL	17. INFORMANT 4940 Easter	ADDRESS
		If yes, give war ar dote	s of service) SECURITY NO. 417-011230 D	BCH Records: Baltimore,	
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MEDICAL CERTIFICATI	heart foilure, as injury or complete injury or complete injury or complete injury or complete injury.  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COIL 19A. DATE OF CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	sthenio, etc. It meons ication which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION last.  I ANT CONDITIONS CO BUT NOT RELATED TO TI NOT INDITION GIVEN IN PAR OPERATION 198. CON WAS UNDERLYING ING CAUSE OF nedical examiner) Manth) (Oay) (Year)  The couses store the couse store th	the disease, deoth.)  Ony, giving slating the   (C)	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  YES in or obout 21C. WHERE DID injury OCCUR?  21F. HOW 010 INJURY OCCUR?  21F. HOW 010 INJURY OCCUR?  19 69 ond that in(my) (our) opl view the body ofter death.  23D. ADDRESS  Baltimore City Hos	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exact lacotion)  TO 12 19 6  nion deoth occurred on the 23 B, DATE SIGNED 7-22-69  pitals 21224
MEDICAL CERTIFICATI	heart foilure, as injury or complex injury or complex injury or complex injury or complex injury.  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN INJURY (APPROX.)  21 A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.)  22 I certify that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Sthenio, etc. II meons ication which caused NTECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION last.  II ANT CONDITION S CO BUT NOT RELATED TO TINDITION GIVEN IN PAR OPERATION 198. CON WAS PERI CAUSE OF Inedical examiner)  Manth) (Oay) (Year)  The couses stote the couses stote to the couse to the couse stote to the c	the disease, deoth.)  Ony, giving slating the  (C)	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  YES in or obout 21C. WHERE DID injury OCCUR?  21F. HOW 010 INJURY OCCUR?  21F. HOW 010 INJURY OCCUR?  19 69 ond that in(my) (our) opl view the body ofter death.  23D. ADDRESS  Baltimore City Hos 4940 Eastern Ave	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exact lacotion  TO 12 19 6  nion deoth occurred on the 23 B, DATE SIGNED 7-22-69  pitals 21224



0 10-	69 7622	BALTIMORE CITY HEALTH DEPARTMENT	
6.635	MEDICAL	EXAMINER'S CERTIFICATE OF	DE

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6.65	MED	ICAL	EXAMINER'S			DEATH	REG NO.	69	7622
BIRTH NO.									
1. NAME OF DEC (Type or Print)	ROBERT	ĠARDNI	ER	2. DATE OF DEATH	Knawn 🖺 Estimated 🔲	July 2	24, 1969	Year	Hnur M.
FULL NAME OF HOSPITAL	IMORE, MARYLAND, V (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INST	ONOUNCED DEAD	3. DATE PRONOU	NCED DEAD	Month July 2	24, 1969	Yeor	10:20 A
Unio	n Memorial H	ospita	al (DOA)	5. USUAL RE A. STATE	Maryland	. B.	l. If institution: r	esideinge be	ofare admission)
6. SEX Male	7. RACE Negro	8. MARRI	ED NEVER MARRIED DIVORCED	C. CITY OR	Baltimo:		. INSIDE CITY		10 🗆
9. DATE OF BIRTH	lost hiethdo		If Under I Yr. II Under 24 Hrs, Months   Doys   Hours   Min.	E. STREET A	ND NUMBER	nghurst :			hurst)
	ate or foreign country)	3	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME			(11)11	ilai 507
14A.USUAL OCCUP	ATION (Give kind of work orking life, even il retired)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER		ME			
16. WAS DECEASE	Employee  D EVER IN U.S. ARMED (If yes, give wor or dates		17. SOCIAL	ITD INTEGRAL	riet Wi			RESS	
19 9/	0.91		2 15 130 1496 CAUSE OF DEA	Mrs.	Shirty	Gardne	r 101	6 Tary	ROXIMATE INTERVALEN ONSET AND DEATH
(This does no heart failure,	OR CONDITION DIRE- EADING TO DEATH It mean the made of dy asthenia, etc. It means the plication which coused dea	Ing, e.g.,	(A)IMMEDIATE C DUE TO, OR A	AUSE AS A CONSEQU	Drownii	ng			
DISEASES O RISE TO THE UNDERLYIN	ITECEDENT CAUSES OR CONDITIONS, IF ANY ABOVE CAUSE (A) STA G CONDITION LAST.	, GIVING TING THE	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN P.	THE TERMI	NAL						
20A. DATE OF	OPERATION 20B. COI	NOITION	OR WHICH OPERATION WA	AS PERFORMI	D			Ye	SY? (Yes or No)
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Year) Month) (Doy) (Year) 7-24-69 10:	r) (Hour	22B. PLACE OF INJURY(e.g., name, farm, lactory, street, affice Sewer  ) 22E.INJURY OCCURRED  WHILE AT NOT NOT WORK	WHILE TO THE	c. WHERE DID JURY OCCUR? rear of ( F. HOW DID IN e11 to be	1900 Edge	ehill Av	renue '	1
1 certi	R'S Charles	5	Accident Suicid	ASSIS	HIEF MEDICAL TANT MEDICAL CIATE MEDICAL	EXAMINER X	d manner		DATE SIGNED
24A. BURIAL CREM REMOVAL (Specify Burial	7/29	/69	St. Steven		RY 240	LOCATION Howard	(City, town, o		(State)
25A. DATE REC'D I	() A CONTRACTOR ()		AME OF REGISTRAR Failer M.D.		ton & 1		1701 L	RESS aurer	ns St.
VS 151-REV. 1/1/68	111111		3 7 U U	1 6	0				,

att, E. SM . OF LEE

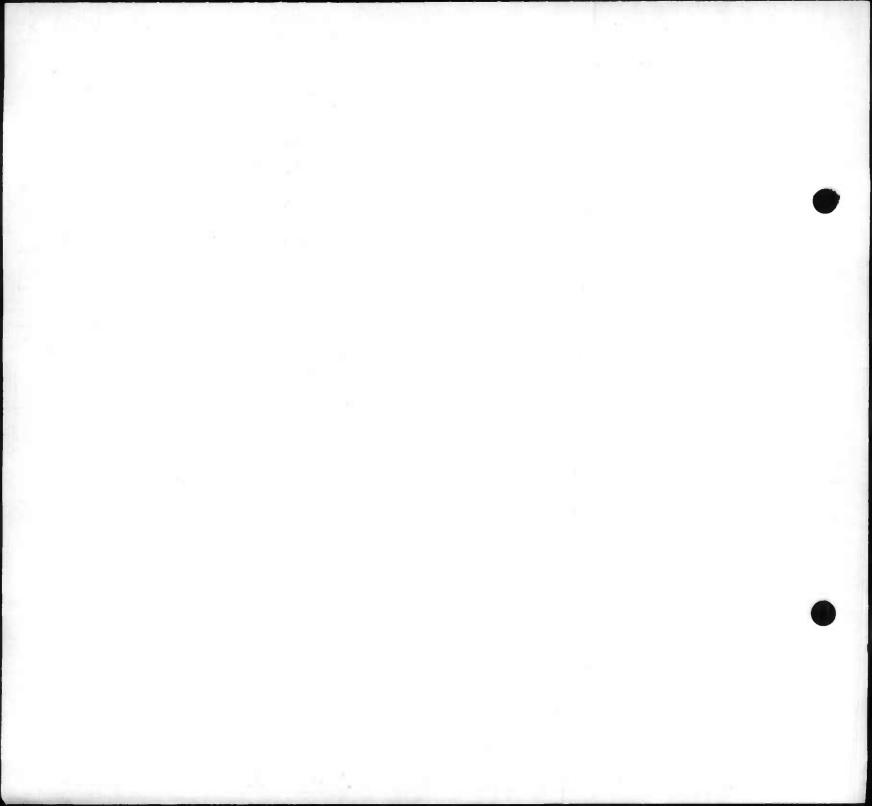
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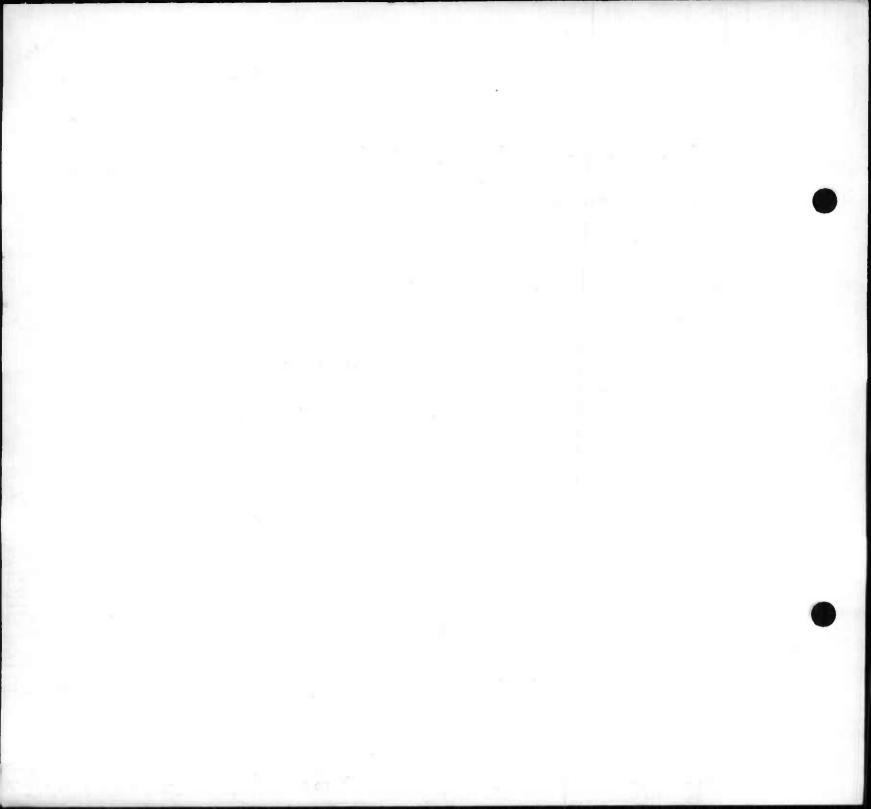
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Moreon L Dwitt 1701 Laurena St.

	H-5	36	00	121000	BALTIMORE CIT	Y HEALTH DEPARTMENT		69	7622
ВІ	RTH NO.		69	7623	CERTIFICA	TE OF DEATH	REG. NO	70	1060
1.	NAME OF DE					2. DATE AND	D HOUR OF DEATH		-
			TER,		TERINE		22-69	1	6:00 P.M.
3.	PLACE IN BA	ALTIMORE, M	ARYLAND, W	HERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	slifution: res	idence before odmission)
II H	JLL NAME O		T IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	-/	2	798
'''	1/0	511	VAI	Ho	SPITAL	BALT MOVE		YES W	No 🗆
	42			(10	-11/10	E. STREET AND NUMBER		TES IX	NO []
						1 4817 Keist	ers to WN	KOAS	1
5.	SEX	6. RACE			NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	If Under Months: D	Yr. If Under 24 Hrs.
104	A USUAL OC	CUPATIONIG	ve kind of work	WIDOWED	DIVORCED F BUSINESS OR INDUSTRY	11-1-1901	67		
do	ne derring most o	f working life,	even if retired)	TOR KIND O	L POSINESS OR INDUSTRI	1 )	n country)	12. CITIZE	N OF WHAT COUNTRY?
12	FATHER'S NA	ed				WATTENTON,	N.C.		U.S.A.
1130	PAINCE 3 NA	A A	1.	1		14. MOTHER'S MAIDEN NAM	IE .		
1	W . 6		+15	Gree		MARY (	>rce N		
(Ye	Wos Decease s, no or unknow	n) (If yes, giv	e wor or dote	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		-	DDRESS
	NO.	1 1			1-10-0000000000000000000000000000000000	Mrs. Clava ti	elds 4	817 \$	cisterstown
	18.	27			CAUSE OF DEAT	H		las.	APPROXIMATE INTERVAL
	DISEA		IDITION DIR	ECTLY		CV.A.			4 · A
	(This does	not mean fi	e mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:			3 /2 h.
	injury ar co	, aslhenia, e mplicalion w	ic. If means hich caused	the disease, death.)	,	A CONSEQUENCE OF;			
		ANTECEDE			Α	SCUD			Lean
	DISEASES	OR CONDI	TIONS, if a	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	******************		
	rise to If	de above	cause (A) ON last	stating the	(c)				
		-	1		(6/2000000000000000000000000000000000000	***************************************			
NO	OTHER SIGNI	FICANT CON	DITIONS COL	TRIBUTING	Amouring	G.I. bleeding	- Trefection	Dulco	
ATI	DISEASE OR	CONDITION	RELATED TO THE	1 (A).	71700000	*******	J=		
CERTIFICATION	19A. DATE O	F OPERATION	WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CAL	INDINGS C	ONSIDERED ATH?
2	21 A. ACCIDE	NT WAS UN	DERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(li in Baltimore	City, give a	exact le cotion)
MEDICAL	OR CONTRIB			llon elc.	ne, form, foctory, street, oi .)	fice bldg., INJURY OCCUR?			
EDIC	21 D. TIME	(Month) (	Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
2	(APPROX.)			Wh	ile Al D Nol While				
	22. I certify	that (4) (th	is hasnital)		he deceased from		(G . FT	· Ju s	
	that (H) (we				July 2	> / 0 04	69_10	JIY Z	1969
							infmy tout dbit	non deoth	occurred on the dote
	23A. SIGNAT	A. SIGNATURE  Click Cegalo Phys.  Attending Med. Director Phys.						23B, DATE	SIGNED
								77	-77-60
	23C. PHYSICIA	AN'S Typel		6	DEGREE	23D. ADDRESS		1	/
		Alb	erto	Ang	UG MD DEGREE	51421	TIOSPITA	1	7
24/	REMOVAL	MATION, 24	B. DATE	24C/N	AME of CEMETERY of CRE	MATORY 24D. LOC	CATION (Cit	y, town, or c	ountyl (Stote)
	BURI		7/27/6		reenwood &	ast Ch. Com W.	Arrenton	5	N. C.
25A	DATE REC'E	4000		258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	,1 ~ /	1	ADDRESS
VS	111 29		Pobert E	Varber,	mr. 2,9 ()	MORTONE D	yett t.t.	1. 170	of Laurens



	0-200 co =	3/1/3/4	HEALTH DEPARTMENT		700		
В	RTH NO.	7624 CERTIFICA	CATE OF DEATH REG. NO. 69 7624				
100	NAME OF DECEASED			HOUR OF DEATH			
IL	O MCISHK		71-	26/69.	7.00 Aug M.		
11	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instit	ution; residence belare admission)		
	OPPLIAL OR ADDRESS OF LOCATIONS	INSTITUTION, GIVE STREET	MD		2.802		
	ISTITUTION		BALTIMORE		CITY LIMITS?		
	SWAL HOSPITAL OF	BALTIMOXE INC		Y	ES NO		
	X2		HOWARD PK.	Ave. #7	3122.		
5.	lan 1 Ni -	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthday)	f Under 1 Yr. If Under 24 Hrs. Aanths: Days Haurs Min.		
10	A. USUAL OCCUPATION (Give kind al work 108, KIN	OWED DIVORCED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (State or fareign	22			
de	ne during most al warking life, even if retired)	1/	T in the state of the state of	A	2. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME	ITCHE.	14. MOTHERS MAIDEN NAME	<u>C</u> .	US A.		
	10000			M			
15	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	1184ZON	ADDRESS		
110	s, no ar unknown) (If yes, give war or dates of sen	security NO.	4. ( /	1 1	ADDRESS		
1	1B. 44	CAUSE OF DEATH	Mr. Jessie (-	2. Cox	1015 W. Fand S		
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		ATORY AR	REST		
	heart laiture, asthenia, etc. It means the distingury or complication which caused death.)	ease.	A CONSEQUENCE OF:	<del></del>			
	ANTECEDENT CAUSES	0	D				
	DISEASES OR CONDITIONS, if any, g	giving DUE TO, OR AS	ATION PAGULA A CONSEQUENCE OF:	MONITIS	L hrs.		
	underlying condition last.	(C)					
_	11	( */***********************************		******************************	******		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING					
CA.	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	1904				
CERTIFIC	WAS PERFORMED	POR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OR IF YES, WERE FINE IN CERTIFYING CAUSE	OINGS CONSIDERED S OF DEATH?		
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in hame, form, loctory, street, off	or about 21 C. WHERE DID	(If In Baltimare Ci	ty, give exact lacation)		
ICAL	DEATH (notify medical examined	etc.)					
MEDI	OF INJURY (Manth) (Day) (Year) (Haur)	21 E INJURY OCCURRED While At Not While	21 F. HOW DID INJUR	Y OCCUR?			
	(APPROX.)	Work At Work					
	22. I certify that (1) (this hospital) attend		7/25/69 19	ta7/	26/69.19		
	that (i) (we) last saw the deceased alive	/	19and that i	in(my) (our) opinior	deoth accurred on the dote		
	ond hour ond fram the causes stated obay	ve. (i) (We) (did) (did not) vi	ew the body after deoth.				
	1 2 2	Alten	ding Med. Sta		DATE SIGNED		
	23C. PHYSICIAN'S	GEGREE Phys.	Director Phy 3D. ADDRESS	rs. 🗵	7/26/69		
	NAME (Type)	AUNUR MB		PITAL	* *		
24	BURIAL CREMATION, 248, DATE 124	4C. NAME of CEMETERY OF CREA		V	own, as county) (State)		
	REMOVAL (Specify)	Balto Nat	'L Cem Re	, /	Ham. 1		
25.		ME OF REGISTRAR	25C. THERAL DIRECTOR	attimore,	ADDRESS:		
	JUL 29 1969 Best E Fall	Ser M.D.	MORTON & 1	Sgett F.H.	1701 LAURUSS		
VS	150-REV. 1/1/68			J '-'			



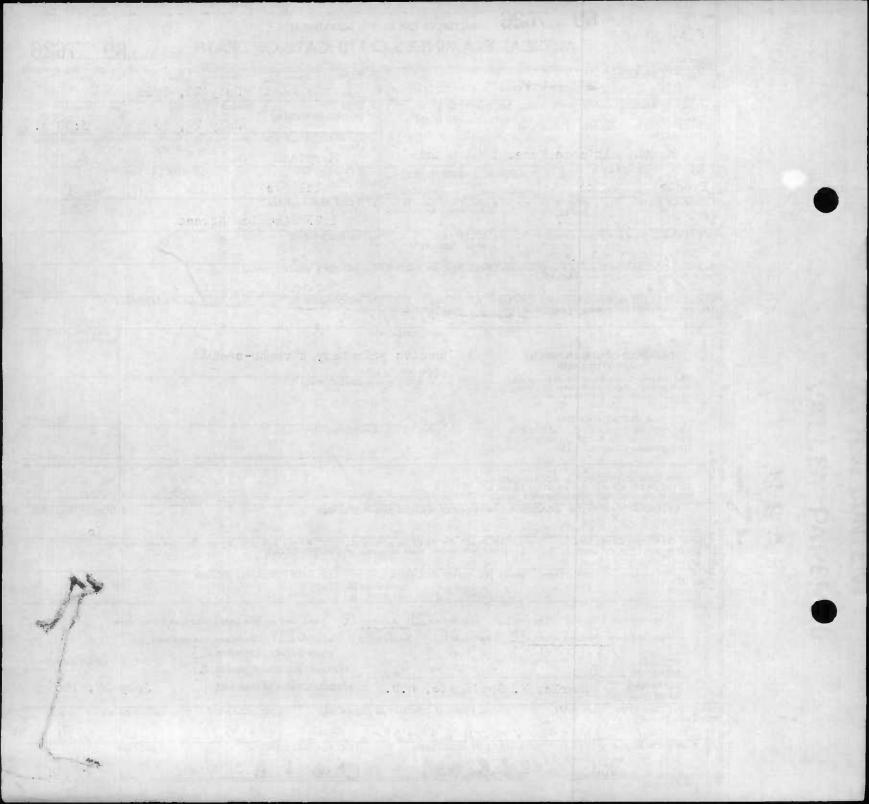
7625 BALTIMORE CITY HEALTH DEPARTMENT 5-512 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE Day Year Hour (Type or Print) OF July 24, 1969 KIMBERLY SAMPSON Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Day Haur Year FULL NAME OF PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) July 24, 1969 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) (DOA) A. STATE B. COUNTY Sinai Hospital Maryland 6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS Female Negro Baltimore WIDOWED . DIVORCED \_ YES X NO L 9. DATE OF BIRTH 10. AGE (In years last birthday) If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months: Doys , Hours , Min. July 8, 1969 3 wks 3348 Dolfield Avenue 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore, Md. 14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working lile, even il retired) Mr. O'Donald Sampson Betty Laprade 18. INFORMANT My, Donald Simpson 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na arunknawn) (II yes, give war or dates af service) SECURITY NO. No . 3348 Dolfield Ave. 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Sudden death in infancy (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar No) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (It in Baltimare City, give exact location) hame, larm, lactary, street, aflice bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) OF INJURY (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** 

ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. July 24, 1969 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)
Burial (State) 7/24/69 Baltimore, Md. Balto., National 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Farber M.D 1701 Morton & Dyett Funeral Home VS 151-REV. 7/1/68

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R-600 69 7626 BALTIMORE CITY HEALTH DEPARTMENT

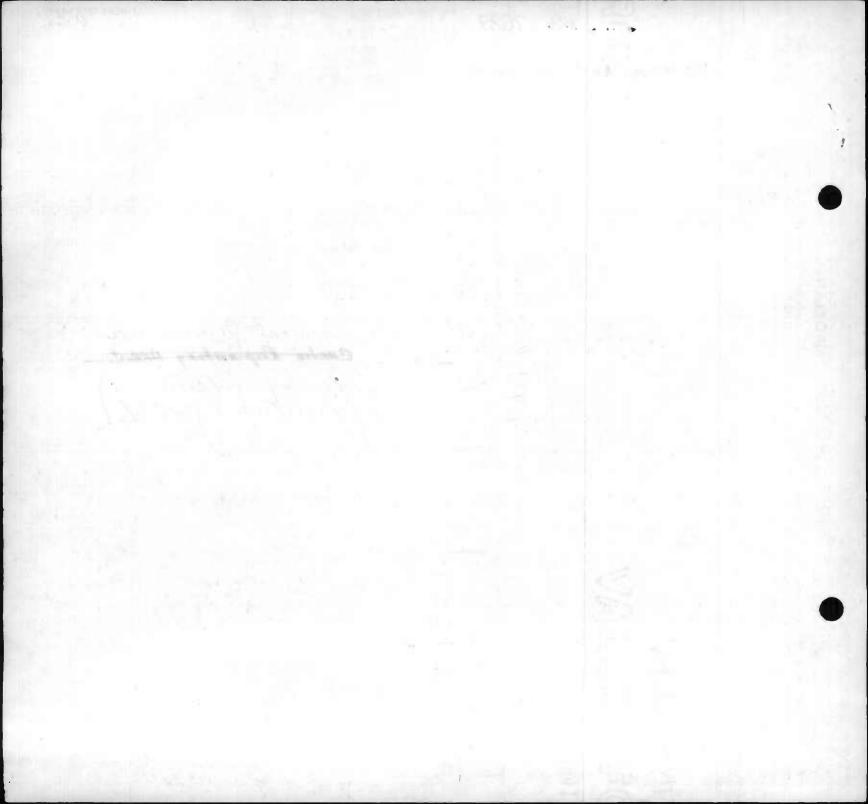
BII	RTH NO.		MEL	ICAL	. [/	CAMINER 5	EK I IFI	CATE OF	DEAT	H REG. NO	5,4	7626	
1. (Ty	NAME OF DEC	EASED G	RA RET	FER	Co	RA Reuwer	2. DATE OF DEATH	Knawn 💢 Estimoted 🗌	Manth July	24, 196	Year 9	Hnur M.	
FU	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION							UNCED DEAD		24, 196		5:30 A. M.	
	South Baltimore General Hospital						5. USUAL RESIDENCE (Where deceosed lived. If institution: residence belare admission) A. STATE B. COUNTY  Maryland						
6. SEX 7. RACE B. MARRIED NEVER MARRIED					C. CITY OF			D. INSIDE CIT	Y LIMITS?				
	emale	Whit		WIDOV				altimore		YE	s 🗌	NO 🗆	
	DATE OF BIRTH $0 - 15^{\circ} - 1$	912	lost birthdo		Mont	der 1 Yr. II Under 24 Hrs. hs, Days , Hours , Min.		AND NUMBER 127 Wicomi	co St	reet			
	BIRTHPLACE (S		n country)			HAT COUNTRY?	13. FATHER	7.	0				
-			kind of work	14B, KINE	OF B	USINESS OR INDUSTRY	15. MOTHE	Shely C					
dan	e during most of w	orking life, eve	en if retIred)					tocksd					
	WAS DECEASE	ED EVER IN				17. SOCIAL	1B. INFOR		41C	AD	DRESS		
(Ye	s, no or unknown)	(If yes, give w	or or dotes	of service	)	216-12-05-14	CORA	EMRICK	10	30 Rock	1	AVC	
	19.	TOW	-			CAUSE OF DEAT		FINICK	10	DO MOCA	A	PPROXIMATE INTERVAL	
	DISEASI	I, E OR CONDI	ITION DIRE	CTIV		Massive n	ullmona	ry thrombo	- embo	1 i	BEIV	WEEN ONSET AND DEATH	
		LEADING TO		6161		(A)IMMEDIATE C		Ly chilombe	CIMOS	Till rel			
	heart lailure,	ot meon the osthenia, etc. oplication which	It means the	diseose,		DUE TO, OR A	S A CONSEC	UENCE OF:					
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		OR CONDITION		CIVING		(B) DUE TO, OR	AS A CONSE	OHENCE OF					
	RISE TO THE	ABOVE CAT	JSE (A) STA	TING THE		00L 10, 0K	A CONSE	QUENCE OF.					
Z	ONDEALIN	IG CONDIII	ON LASI.			(c)							
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
RTI						WHICH OPERATION WA	S PERFORA	AED			21. AUTC	PSY? (Yes or No)	
11	2											Yes	
EDICAL	22A. EXTERI	OR CON			22B.P hame,	LACE OF INJURY(e.g., form, foctory, street, office	in or obout : bldg., etc.)	NJURY OCCUR?	If in Boltimo	re City, give exoc		165	
MEC	UTING CA		TH. oy) (Year	) /U	1 22	E.INJURY OCCURRED		2F. HOW DID IN.	LUBY OCC	100			
	OF INJURY (APPROX.)	monny (b	oy) (redi	·) (Hau	.	HILE AT NOT	WHILE	HOW DID IN.	JURY OCC	JKF			
	23.	ify that I he	eld an I	ngulry [	7	Inspection Aut	opsy 🗓	and that on th	de baeie	death in my	ninian		
						cident Suicid					7		
	resulted from: Notural couses Accident Suicid					Cide   Homicide   Undetermined manner    CHIEF MEDICAL EXAMINER							
	ACTUAL	IDE ( 1/	in X	J	-	Je/	ASSI	STANT MEDICAL E				DATE SIGNED	
	SIGNATU EXAMINI NAME (T	ER'S	Charle	s S.	Spr	ingate, M.D.		CIATE MEDICAL E			uly 2	24, 1969	
	A. BURIAL CREA	AATION, 2	4B. DATE	,	240	NAME of CEMETERY	or CREMATO	DRY 24D. I	LOCATION	(City, town,	or county	) (Stote)	
L	MOVAL (Specific RURLIA)	7	7/28	169	N	ew CAZhRedi	- 1	:M	BAL	to.,	20000	Md.	
25	A. DATE REC'D	9 1969	Palso.	6 E 3	Park	OF REGISTRAR	25C.	GRADE L	. Schu		DRESS	the Mil	
VS	151-REV. 1/1/68					-		25: 0			1.517	100,100	



## FUNERAL DIRECTOR: IMPORTANT

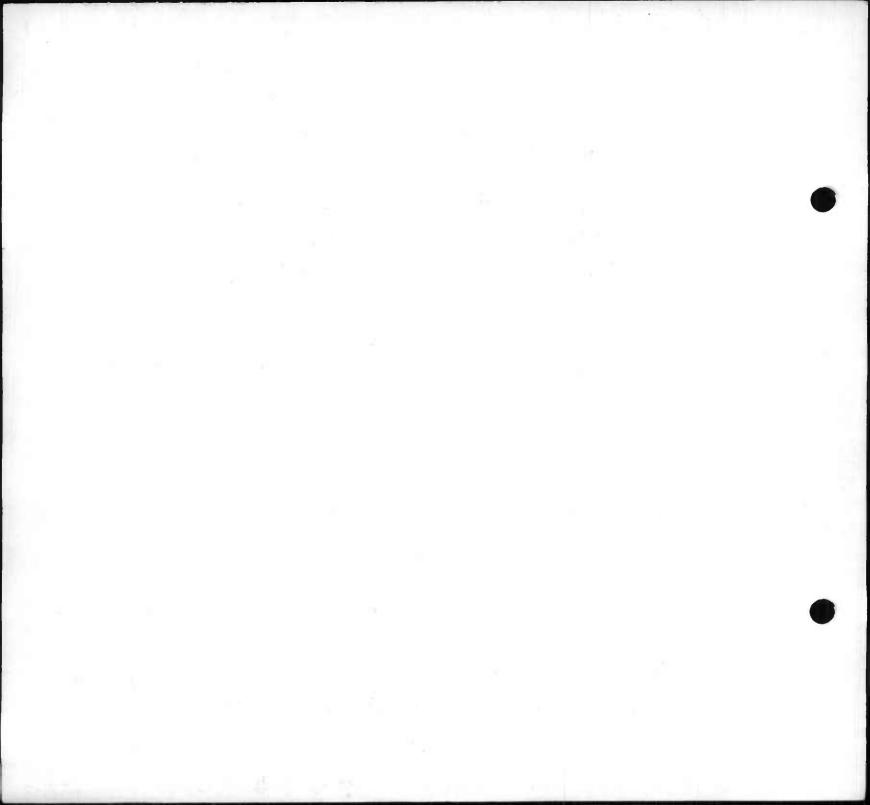
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BALTIMORE CITY HEALTH DEPARTMENT	69 7627						
BIRTH NO. 78-15-552 CERTIFICATE OF DEATH  1. NAME OF DECEASED  12. DATE AND HOUR OF DEATH	1021.						
1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type or Pript)							
VICTORIA ANN VOHNSON	9.50 A.M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	n: residence before odmission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND	2003						
HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CIT	Y LIMITS?						
BALTIMORE MARYLAND VES	□ NO □						
BON SECOURS HOSPITAL E. STREET AND NUMBER							
620S. HONROIE ST.							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8, DATE OF BIRTH 9. AGE (In years If U	nder 1 Yr. If Under 24 His.						
FEMALE WHITE WIDOWED DIVORCED 8 20 68	ms Doys Hours Ivini.						
	CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)  - SALTIMORE , MARY LAND.	U. SA.						
13. FATHER'S NAME	- 0/1.						
10 Takin taking all							
E 3 DONETTE KLYNOLDS							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of services)  16. SOCTAL 17. INFORMANT	ADDRESS						
18 PG IVI DEATH	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY & The Chemical Mullimon	SETWEEN ONSET AND DEATH						
LEADING TO DEATH STANMEDIATE CAUSE CHARGO RESPONSATIONS ARE	ext						
(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:							
injury at complication which coused death,							
ANTECEDENT CAUSES CE TO	V /						
DISEASES OR CONDITIONS, if any siving 2 SDU TO, OR AS A GONSEQUENCE OF	A /						
rise la lhe obave cause (A) slaling lhe							
UNDERLYING CONDITION losi.							
7 11 3 11							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
I DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICC CONSIDERED						
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDIN IN CERTIFYING CAUSES (	OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City,	give exact location)						
of the state of th	9						
D   21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED							
(APPROX.) 7-24-69 5-45 While At Not White At Work At Work	we keller						
22. 1 certify that (1) (this hospital) attended the deceased from 7 / 24 19 69 to 7	26 1069						
that (1) (we) lost saw the deceased alive on 4/26 1969 and that in (my) (our) opinion of	leath accurred on the date						
	seorn occorred all the gole						
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	DATE CICNED						
10 10 10 10 10 10 10 10 10 10 10 10 10 1	DATE SIGNED						
GEGREE PHYS. DIRECTOR PHYS.	7/26/69						
23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)							
ORATHAL THIRAWAT M.D. BON SECOURS HOS	PITAL.						
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, tow	rn, or county) (State)						
BURIOL N-28-691 at 11							
DURIAL 1-00 01 LARE VIEW CEM  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR.	ADDRESS						
	1116						
1111 29 1969 Robert E. Jarber, M.D. 2101 Freparick Ave							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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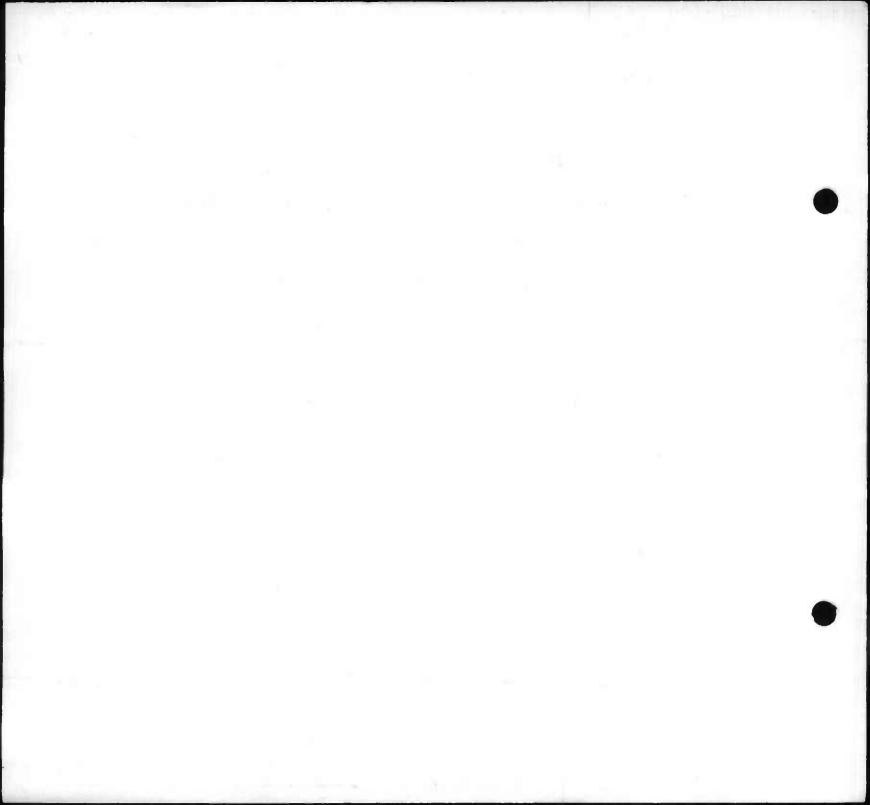
	8-543 69 7628 BALTIMORE CITY	HEALTH DEPARTMENT 6 6 6 7628
	BIRTH NO. CERTIFICA	TE OF DEATH REG. No.
	Typo or Print) Matthew Reynolds	7/26/69 18:50 AM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. If institution, seridence before administration
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STMARYLANDUNTY 2748
	THE JOHNS HOPKINS HOSPITAL	BALTIMORE D. INSIDE CITY LIMITS?
	33 BALTIMORE, MD 21205	E. STREEZ AND NUMBER WOOD AVE
	SEX 6- RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yi., If Under 24 His.
	MALE NEGRO WIDOWED DIVORCED DIVORCED DIVORCED	6-6-19 lost birthdoyl Months Doys Hours Min.
	lone during most of working life, even if relifed)	11. BIRTHPLACE (Stole or foreign country)
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tinknown	unknown
0	5. Wes Deceased Ever In U. S. Armed Forces?  (es, no or unknown) (If yes, give wer or doles of service)  SECURITY NO.	17. INFORMANT ADDRESS
-	18. CAUSE OF DEATI	Luordo
	DISEASE OR CONDITION DIRECTLY	Carcinoma of Lung, Metastatic BETWEEN ONSET AND DEATH
	Titlls upes hul moon the mone of hylnd, an	ise to liver, lung, Penjoreum, brain 6 months
	heart failure, asthonia, etc. It means the disease, injury ar camplication which coused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving  DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the obave couse (A) stoling the UNDERLYING CONDITION tast.  (C)	A CONSEQUENCE OF:
1	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A DATE OF OPERATION   19R CONDITION FOR WHICH OPERATION   WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (o.g., ir homo, form, factory, street, off	
	DEATH (notity modical examined No ela)	Fice bidg. INJURY OCCUR?
	21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED  (APPROY) While At Not While	21F. HOW DID INJURY OCCUR?
	Work At Work	
I	22. I certify that (1) (this hospital) attended the deceased from	1969 1969 to 7/26 1969
	and haur and fram the causes stated above. (1) (We) (614) (did not) vi	ton, deline gentle occurred on the date
	23A. SIGNATURE Abor	ading Med. Shoff TO
	23C. PHYSICIAN'S DEGREE Phys.	Director Phys. 23. ADDRESS
	DAVID J. PIERSON MD	Johns Hopkins Hosp Hal, Bellimore, And 21205
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
2	SAL DATE REC'D BY HEALTH DENT. (250) NAME OF RESISTRAR	125C, FUNERAL DIRECTOR ADDRESS
	JUL 29 1969 Jake & 250 NAME OF STRAK	25 FUNERAL DIRECTOR ADDRESS ADDRESS
V	3 150-REV. 1/1/68	



## FUNERAL DIRECTOR: IMPORTANT

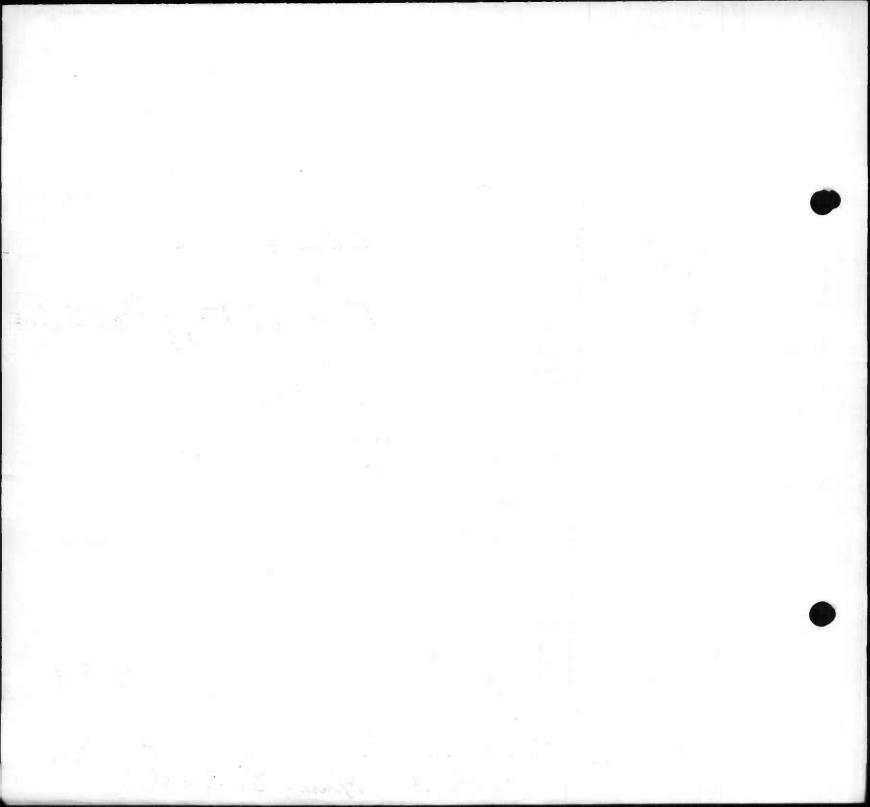
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	P-62	23	20	1-0-4	200		Y HEALTH DEPART			69	7629	
BIR	TH NO.		69	1	529	CERTIFICA	ATE OF DE	ATH	REG. NO	00	1020	-
	PE or Print)	SED		D			2.	DATE AN	D HOUR OF DEAT	Н		
3.	PLACE IN BALTIF	MORE MAI	S RYLAND, W	HERE PR	DNOUNCE	ED DEAD	4. USUAL RESIDE	NCE (When	4 26 19 e deceosed lived. If	69 institutions	1: 30 residence before odn	A M.
HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPITA	AL OR IN	OUTUTO	N, GIVE STREET	MT)			ISIDE CITY	402	
8	. \		2				BACTIC E. STREET AND N	MORE		YES.	NO 🗌	
		RSIT	·H	OSP	ITAL	_	102	. 1	ACA ST	<b>-</b> .		
5. 5	ha/A	RACE		7- MARE		EVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	If Und Months	er 1 Yr. Il Under 1 Doys Haurs	24 Hrs. Min.
104	USUAL OCCUP	ATION (Give	G-NO kind of work	WIDOV		DIVORCED INESS OR INDUSTR	T 11. BIRTHPLACE (SI	ote or forei	an country)	112. CII	ZEN OF WHAT CO	ILNTDY?
don	e during most of wo	rking life, eve	n il retired)	D					gu county,	12. 01	1 100 1	OIVIKIT
13.	FATHER'S NAME			K	红几	EN	14. MOTHER'S MA	DEN NAA	AF		USAT	
		KNOW		lgu	w i	Proctor	() nuce	national and	alice	_		
15. (Ye:	Was Deceased Ex s, no or unknown) [0	rer in U. S. yes, give	Armed Fare wor at date:	os?	ce) 16.	SECURITY NO.	17. INFORMANT				ADDRESS	
U	NKNOWN				2	12-60-2618		MESIN	G HOME	102	N. PACA ST	Min.
	18.					CAUSE OF DEA	TH				APPROXIMATE INTE	
		ADING TO	TION DIR	ECILY		4	1/ ===	= A	Dalaman	^	300	4Vc
	(This does not heart faiture, as injury as campli	Ihenia, elc.	. Il means	the dise	e.g., ase,	(A) IMMEDIATE CA	A CONSEQUENCE OF	ELL	MEUMON	<i>.</i>		<u></u> >
		TECEDEN1		deam")			<u>~</u>					
	DISEASES OR			ny, gi	ring	(B) DUE TO, OR A	S A CONSEQUENCE	) F:			***************************************	NO-0-0-0
	rise to the UNDERLYING	above co	use (A)	stating	the	(c)	~				***************************************	
z		- 11					_					
CERTIFICATION	TO THE DEATH I DISEASE OR CON	BUT NOT RE	LATED TO TH	E TERMIN	IAL							******
TIFIC	None	PERATION	198. CONI WAS PERF	A NOTTE	OR WHICH	H OPERATION	20A. AUTOPST?	Yes ar No	208. IF YES, WERI	FINDINGS AUSES OF	CONSIDERED DEATH?	
CE	21A ACCIDENT		ERLTING				in or obout 21C, WHE		(If in Boltim	are City, gi	re exoci location)	
0	DEATH Inouly m	edicol exom	Iner No	2	eic.)	-	alfice bldg., INJURY O	_				
MED	OF INJURY (APPROX.)	Aonih) (Do	(Teor)	(Hour)	While At	IRT OCCURRED Not Wh	le C	DID INJU	JRT OCCUR?			
	22. I certify th	at (I) Ohle	hospital	attend	Wark	At War		1 9	0/06	11.3 ()	20 10/1	6,
	that(1)(we) la	-				JULY 21	19 69		9 (09 ta ar	inion dea	th accurred an th	
	and have and for	ram the ca	uses state	ed above	. (I)(Wa	) (did) (did nat)	view the bady afte	r death.		loop DA	TE SIGNED	
	Bu	ce r	n. 1	Sec	0: 10	M. D. AH	ending Med.	lor 🔲	Staff Phys.	236,07	126/109	
	23C/PHYSICIAN'S NAME (Type				1	DEGREE	23D. ADDRESS		4.7		100/	
244	BUBLAL COTO	7100			V	DEGREE	UNIVER		1/00	PITH	2	
44A	REMOVAL (Spe	cify) 24B	DATE	10 240	NAME	CEMETERY OF CI	1/1/	24D. LO	CATION (C	ily, town,	or county) (Si	tote)
25 A	DATE REC'D BY	HEALTH I	14301	67	AE OF REG	Melfur		y U	belfort	1/1	lo	
		969	Bes 8				25C, FUNERAL A	TRECTOR	ik em 11:	2971	ADDRESS	11
VS	150-REV. 1/1/68	- U				**	Jane 1	aces	100011 110	11/00	anjuso St	

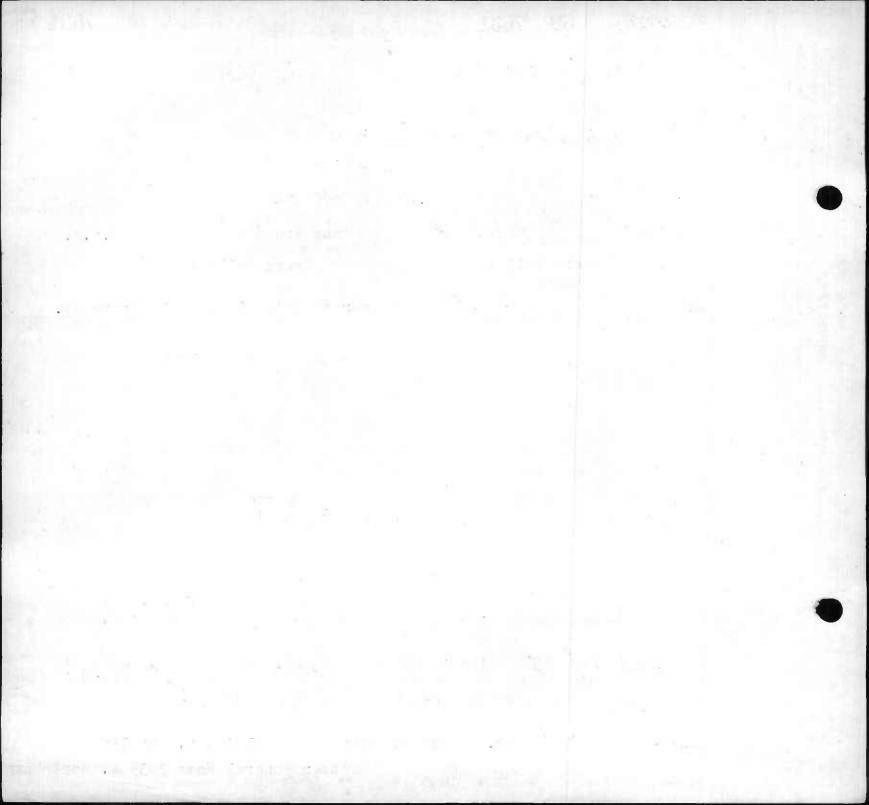


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70 2000	Y HEALTH DEPARTMENT REG. NO. 59 7630
BIRTH NO.	ATE OF DEATH REG. NO. D3 /D3U
(Type or Print) FULTON, COKA	7-25-69 10.40 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence belose admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE CITY 704  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
33 THE JOHNS HOPKINS HOSPITAL	BALTIMORE  E. STREET AND NUMBER  837 N. WOLFE STREET  21105
5. SEX   6. RACE   7. MARRIED   NEWS MARRIED	
FEMALE NEGRO WIDOWED XX DIVORCED	8-15-00   lost birthdoy! Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nousewills	Williams bure , S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKHOWH	REBECCA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service)  SECURITY NO.	Throdoris Futton MOSPINITE AVIZ
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	A A O A O BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	
heart foilure, asthenio, etc. It means the disease, injury or camplication which caused death.	A CONSEQUENCE OF: Diceard
ANTECEDENT CAUSES	obeling fresholmondy direct 15
(8)	W CONSEQUENCE OF:
rise to the obove cause (Al stating the UNDERLYING CONDITION last. (c)	it is bent films
z II	A
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	U
U DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A-DATE OF OPERATION 199B CONDITION FOR WHICH OPERATION WAS PERFORMED  121B-PLACE OF INJURY (A.C.)	YES IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CORRED  218. PLACE OF INJURY (e.g., home, form, foctory, steet, of the correction of the correc	in or about 21 C. WHERE DID (If In Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
I TOF INJUST	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White At Work	
22. I certify that (I) (this hospital) attended the deceased fram	
that (I) (we) last saw the deceased alive an	19and that in(my) (aur) apinian death occurred an the date
and haur and from the causes stated above. (1) (We) (did) (did nat)	
23 Augusture S. Augusture Ambry Daniel Phy	anding Med. Staff Staff Signed 725 C9
DEGREE	23D. ADDRESS
CHARLES S. ANGELL DEGREE	THE JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (State)
BUMAL 7/30/69 MT. CALVON	CEM A.A. COUNTY MIL
JUL 29 1969 Toler E. Jake of REGISTRAR	25C. FUNERAL, DIRECTOR  ADDRESS  IN A DORESS  IN A DORESS
VS 150-REV. 1/1/68	July 6. Enron 1/4/11/Mans



BIDI	TH NO.			CERTIFICA	TE OF DEA			
1. N. (Typ	AME OF DECEA	llis. Cal	eb	fleet		DATE AND HOUR OF DEA	1 4	.45
3. P	PLACE IN BALTIA	MORE MARILAND, W	HERE PRONOU	INCED DEAD		CE (Where deceased lived. B. COUNTY	If institution: residence	e before
INS	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	(NOITA	1-	C. CITY OR TOWN	D.	INSIDE CITY LIMITS?	48
4	uther	an Kospi	tal of	3 rearyland	E. STREET AND NU	MBER 3 Or Mi	VES V	NO _
5. S	EX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	If Unc
1	rale	negro	WIDOWED	DIVORCED [		36 Blye	12. CITIZEN O	
done	Custo	rking life, even if retired) iian	Reti-	BUSINESS OR INDUSTRY	Anne A	rundle		S.A.
13. [	FATHER'S NAME	Robert	Pollis		14. MOTHER'S MAI	ura Wallace		
15. V (Yes	Wos Deceased E., no or unknown) (I	ver in U. S. Armed For f yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	mith 1803 Po	opla Grove	
	heort failure, os	mean the mode of sthemio, etc. It means icotion which caused	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF	0		
	heori failure, os injury or compl AN DISEASES OR rise to the		the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF	0		
	heort failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COT	SINEMIO, etc. II meons icotion which caused steedent Causes CONDITIONS, if above couse (A) CONDITION lost.  II ANT CONDITIONS CO. BUT NOT RELATED TO TILE NOT RELATED TO TILE NOT PARK	The discose, death.)  any, giving sloling the STRIBUTING HE TERMINAL T 1 (A).	(B) DUE TO, OR AS	a consequence of	0		
4	heort failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COT	STREET, CAUSES  CONDITIONS, if above couse (A) CONDITION last.	Ihe discose, death.)  any, giving sloting the NTRIBUTING HE TERMINAL TO ALL TO FOR W	(B) DUE TO, OR AS	a consequence of	0	ERE FINDINGS CONS	SIDERED 17
L CERTIFICA	heori failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A DATE OF CO 21A. A CCIDENT OR CONTRIBUTION	SINEMIO, etc. II meons icotion which caused HECEDENT CAUSES  CONDITIONS, if above cause (A) CONDITION lost.  II  ANT CONDITIONS CO. BUT NOT RELATED TO TI NOT RELATED TO TI NOT PLATED TO TI NOT PLATED TO TI NOT PERATION [198. CON	Ihe discose, death.)  any, giving stoling the NTRIBUTING HE TERMINAL TO A (A).  DITION FOR WE FORMED	(B) DUE TO, OR AS	A CONSEQUENCE OF	208. IF YES, W	ERE FINDINGS CONS CAUSES OF DEATH	
MEDICAL CERTIFICA	heort failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A DATE OF CO 21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	SINEMIN, etc. II meons icolion which caused HTECEDENT CAUSES  CONDITIONS, if obove couse (A) CONDITION lost.  II  ANT CONDITION S CO. BUT NOT RELATED TO	Ihe disease, death.)  ony, giving sloling the  NTRIBUTING HE TERMINAL TO A CONTRIBUTION FOR WE FORMED  21 B. home etc.)	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., or form, foctory, street, or injury occurred le At Not Whi	20A. AUTOPSY? ( in all about 21C. WHEr fiftice bidg., INJURY of	208. IF YES, W		
MEDICAL CERTIFICA	heori failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A DATE OF CO 21A, ACCIDENT OR CONTRIBUTED DEATH (notify or CAPPROX.)  22. 1 certify the contributed of	Sthenio, etc. II meons icotion which caused with the caused attended to the course of	Ihe disease, death.)  any, giving sloling the NTRIBUTING HE TERMINAL TOTAL TOT	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, or injury)  INJURY OCCURRED  INJURY OCCURRED  At Work  de deceosed from	20A. AUTOPSY? (  20A. AUTOPSY? (  In at about 21 C. WHER  office bldg., INJURY of	E DID (If In Bol)  DID INJURY OCCUR?	timare City, give exact	t location)
MEDICAL CERTIFICA	heori failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A DATE OF CO 21A, ACCIDENT OR CONTRIBUTED DEATH (notify or CAPPROX.)  22. 1 certify the contributed of	Sthenio, etc. II meons icotion which caused with the caused attended to the course of	Ihe disease, death.)  any, giving sloling the NTRIBUTING HE TERMINAL TOTAL TOT	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, or injury)  INJURY OCCURRED  INJURY OCCURRED  At Work  de deceosed from	20A. AUTOPSY? (  20A. AUTOPSY? (  In at about 21 C. WHER  office bldg., INJURY of	208. IF YES, WIN CERTIFYING E DID CUR?  DID INJURY OCCUR?	timare City, give exact	t location)
MEDICAL CERTIFICA	heort failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COITING TO THE DEATH DISEASE OR COITING CONTRIBUTION OF INJURY (APPROX.)  22. 1 certify the that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to and hour and the single or complete that (1) (we) to an analysis of the single	STREET CAUSES  CONDITIONS, if above couse (A) CONDITION lost.  ANT CONDITION S.  BUT NOT RELATED TO THE CONDITION OF COUSE (A)  ANT CONDITION S.  WAS UNDERLYING CAUSE OF Ledicol exominer)  Month) (Doy) (Yeor)  The condition of the couse of	Ihe disease, death.)  any, giving stoling the Stoling	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, or injury)  INJURY OCCURRED  INJURY OCCURRED  At Work  de deceosed from	20A. AUTOPSY? ( 20A. AUTOPSY? ( 20A. AUTOPSY? ( 21F. HOW	DID INJURY OCCUR?  19 to 7  and that in(my) (aur)	rimare City, give exact	t location)
MEDICAL CERTIFICA	heori failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 1994. DATE OF CONTRIBUTI OR CONTRIBUTI DEATH (notify m (APPROX.))  21D. TIME (APPROX.)  22. 1 certify the that (1) (we) to and hour and for any contribution of the contr	Sthenio, etc. II meons icotion which caused wite Ceused in the Caused it is consistent to the cause of the Conditions of the Conditions of the cause is consistent in the cause it is conditionally in the cause is consistent in the cause in the cause state in th	Ihe disease, death.)  any, giving stoling the Stoling	DUE TO, OR AS  (B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or fo	20A. AUTOPSY? (  20A. AUTOPSY? (  21F. HOW  21F. HOW  19  view the body after  ending Med. Direct	DID INJURY OCCUR?  19 to 7 and that in(my) (aur) death.	timare City, give exact	t location)
MEDICAL CERTIFICA	heort failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COIT 19A DATE OF COTTOR CONTRIBUTE OF INJURY (APPROX.)  21.D. TIME OF INJURY (APPROX.)  22. I certify the total control of the contro	STREET CAUSES CONDITIONS, if above couse (A) CONDITIONS, if above couse (A) CONDITION lost.  II  ANTI CONDITION SCO BUT NOT RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOTION STORM WAS PERION TO THE NOTION STORM TO THE	Ihe disease, death.)  any, giving stoling the Stoling	DIVERSION OR AS  (B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., or	20A. AUTOPSY? (1) and of obout 21C. WHEr fiftice bidg., INJURY Of the bi	E DID (If In Balicur?  DID INJURY OCCUR?  19	apinian death occ	t location)
MEDICAL CERTIFICA	heort failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COIT 19A-DATE OF CONTRIBUTION OF INJURY (APPROX.)  22. 1 certify the that (1) (we) to and hour and for a contract of the cont	STREET OF THE PROPERTY OF THE	Ihe disease, death.)  ony, giving sloling the NTRIBUTING HE TERMINAL TO THE TE	DIVERS  (B) DUE TO, OR AS  (C)  WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, or  INJURY OCCURRED  At Work  At Work  O (We) (did) (did nat) or  DEGREE  ME of CEMETERY OF CR	20A. AUTOPSY? ( 20A. AUTOPSY? ( 21F. HOW  le  21F. HOW  le  19  wiew the body after  ending  Med. Direct  23D. ADDRESS  EMATORY	DID INJURY OCCUR?  19	apinian death occurrence (City, town, or coun	t location)
MEDICAL CERTIFICA	heori failure, os injury or compl  AN DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A-DATE OF COIT 19A-DATE OF CONTRIBUTI DEATH (notify m (APPROX.)  21.D. TIME (1) (we) to and hour and for the contract of the contract o	STREET OF THE PROPERTY OF THE	Ihe disease, death.)  ony, giving sloling the NTRIBUTING HE TERMINAL TO THE TE	DIVERS  (B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, or  INJURY OCCURRED  (A) (We) (did) (did nat) (did nat) (did)  (We) (did) (did) (did nat) (did)  (We) (did) (di	20A. AUTOPSY? ( 20A. AUTOPSY? ( 21F. HOW  le  21F. HOW  le  19  wiew the body after  ending  Med. Direct  23D. ADDRESS  EMATORY	DID INJURY OCCUR?  19	apinian death occurrence (City, town, or county)	t location)



was D.O.A.

54-69-3

440	BALTIMOR	RE CITY HE	ALTH DEPARTMEN	NT ,		0.63	MOGG	
1	69 7632 CERTIF	CATE	OF DEAT	H X REC	3. NO	69	1636	
	14 140.							
	IAME OF DECEASED		2, <b>D</b> A	TE AND HOUR O	F DEATH		- m	
(I)	LEVI B. 1880			7/2	7/69		3"	PM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4.	USUAL RESIDENCE		lived. If institu	tion: residence	e before od	mission)
			STATE B.	COUNTY		100	0.0	
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	FT	Maryaand	Baltimore		)	3/11	0
HC	OSPITAL OR ADDRESS OR LOCATION)		CITY OR TOWN		D. INSIDE	CITY LIMITS?		
IIN:	STITUTION						NO X	
-	21 0 11 (17 1/12)		Essex		YE	s	NO [10]	
	4940 Essent Ave. Balthore, Md. S. A.S.	5 1 E	STREET AND NUM	BER				
	4940 Bastern Ave. Paltimore, Md. 412	224	1604 /Rick	enbaker R	d. Balti	imore.	Md. 21	1221
S. S	SEX 6. RACE 7. MAPPIED NEVER MAPPI		ATE OF BIRTH	9. AGE (In		Under 1 Yr.	. If Under	
3. 3	6. RACE 7. MARRIED NEVER MARRI	ED A	ALL OF BIRTH	lost birthdoy		onths Doys		Min.
	Male White WIDOWED DIVORCI	ED 9	-19-94	74		1		
t0A	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INI	DUSTRY 11.	BIRTHPLACE (Stote	or foreign country)	112	2. CITIZEN OF	WHAT CO	DUNTRY?
	e during most of working lile, even if retired)							
	Painter Painting Contra	ctor	Pennaylvan	i a		U.S.A		
	FATHER'S NAME		MOTHER'S MAIDE			00000		
	TAIRER 3 HAME	1.41	MOTHER 3 MAIDE	IN THE PARTY OF TH				
	T T M		Y	* * * * * * * * * * * * * * * * * * * *	- 10			
1.5	Le Le Trego Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	117	INFORMANT	ine Wors	nam	ADDR	223	
(Ye	Was Deceased Ever in U. S. Armed Forces?  1 6. SOCIAL SECURITY NO	).		4940 Ea	stern A	ve.		
1 .	No 212 16 0	DO2 TBC	H Records:	Baltimo	stern A.	21224		
-						1	0.00	Yeniai
	18. CAUSE OF	DEATH					OXIMATE INT	
	DISEASE OR CONDITION DIRECTLY		. +					
	LEADING TO DEATH		11,000 1	. 4. 4.00			1	
		IATE CAUSE	Varia 1	SWEL				
	heart loilure, asthenia, etc. It means the disease,	, OR AS A CC	INSEQUENCE OF					
	injury ar camplication which caused death.)					I.		
	ANTECEDENT CAUSES		1			1)	1	
	(B)(C)	mor	ONSEQUENCE OF	phany	Λ.Κ			
	DISEASES OR CONDITIONS, il any, giving DUE TO	ORASAC	ONSEQUENCE OF	()				
	rise to the above cause (A) stoting the			,	100			
	UNDERLYING CONDITION last, (C)							
	11				7			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- 1			6			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	1 7033.	ble n	neuma	ma_			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N	20 A. AUTOPSY? (Yes	or No) 20B. IF Y	ES, WERE FIND	INGS CONS	IDERED?	
ET	WAS TERIORITIES		yes		YES			
CEI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	RY (e.g., in or	obout 21 C. WHERE	DID III	in Boltimore Cit	tv. give exact	location	
	OR CONTRIBUTING CAUSE OF home, form, foctory, s	street, office	bldg., INJURY OCC	U R?		, ,	, , , , , , , , , , , , , , , , , , , ,	
CAL	DEATH (notify medical examiner) etc.)				-			
o o	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURE	PED	21E HOW DI	D INJURY OCCU	97			
ME	OF INTURY		211111011 01	I III III OCCO				
2		At Work						
			HI	7.0	P7	217		19
	22. I certify that (1) (this hospital) attended the deceased fra	m	7/20	19 67 1	a/	4	19	61.
	that (1) (we) last saw the deceased alive an	7	19 69 0	and that in (my)	(gur) apinio	death acc	urred an	the date
		- 7			(00)		,	
	and have and from the causes stated above (1) (We) (did) (did	nat) view	the bady after de	eath.			/	
	23A. SIGNATURE			1	231	B. DATE SIGN	IED /	
	Y () NI U MAX	Attendin	g ☐ Med.	Shaff To		2/2 -	1/10	1
	June . Veeke, / J. D. DEG	REE Phys.	□ Directar	Phys.		1101	10/	
	23C. PHYSICIAM'S		ADDRESS 4940	0 Eastern	Ave. Bo	ltimore	y, La.	
	NAME (Type)	D.	2.11.		+ 11	abn. T	alle	
	my nec 1 locale in.	220020	Oak 11	nove in	u IV	0 3/10/1	ars	

Burial 7/30/69 Mt. Olivet Cemetery

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

2 9 1969 Robert E. Jacker, R.D., 2

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

(Stote)

(City, town or county)

Vames

Eastern 2407

24D. LOCATION

people may seed 100-1 departments as a second seed to the control of the control of

VS 151-REV. 1/1/68

DID			WED	ICA	LEXAMINE	R'S C	CERTIFI	CATE O	F DEA	TH REG. NO	0	
	TH NO.	EASED					2. DATE	Known 🔀	Month	Doy	Yeor	Hour
	e ar Print)		anns C	25			OF	Estimoted [		26	69	9:50 a.M.
4 6	LACE IN PAI		anny Co		RONOUNCED DEAD		DEATH 3. DATE	Estimoted L	Manth		Yeor	Hour
	NAME OF				STITUTION, GIVE STREET			UNCED DEAD	- Manin	Day		0.50
HOS	PITAL	ADDRE	SS OR LOCA	ION)	SHIOHOIK, OIVE SIKEEI				/	26	69	9:50 a <sub>M</sub>
OK	NSHUIION	20	23 Post	z Pos	se Ave.		A. STATE	Maryland		B. COUNTY		before admission)
6. 5	EV	7. RACE	ZJ KOCI				C. CITY OR			ID INSIDE	CITY LIMITS?	1012
0. 3					RIED NEVER MAR		C. CITT OK			0.1143100		
male colored WIDOWED DIVORCED 7. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs								Baltimo	re		YES	NO L
9. 0	12/3/	1	last birthday		Months Days Haur			AND NUMBER	Rose	Ave.		
11.	BIRTHPLACE (S	tale or foreig	n country)		12. CITIZEN OF		13. FATHER	'S NAME				
		mond	Virgi		WHAT COUNTRY US	A			Cox			
	during most of w	arking life, ev		14B. KIN	D OF BUSINESS OR II	NDUSTRY	Mar Mar	650				
1.4	Labo		II C ADMED	CORCE	CO 117 COCIAL		18. INFOR		0.		ADDRESS	
	was decease , no or unknown) no				A CCCIIDITY	2863		s Mary	T Co	x, 482		ern Ave
	19.	4.9			CAUSE	OF DEA	TH					PPROXIMATE INTERVAL
	DISEASI	CON CONID	ITION DIREC	TIV								
		E OR COND LEADING TO		-ILT	4.41344	AEDIATE C	Nan Nan	cotic ad	dictio	on		
		at mean the			DUI	E TO, OR	AS A CONSEC	UENCE OF:				
		, asthenia, etc aplication which										
		NTECEDENT OR CONDITIE		CIVINI	(B)	TO OR	AS A CONSE	OUENCE OF:				MAAAAAAAA
	RISE TO THE	ABOVE CA	USE (A) STAT					worker or.				
Z	UNDERLYIN	G CONDITI	ION LAST.		(c)							
은			11									
CERTIFICATION		IFICANT CON										
H		CONDITION										
ER	20A. DATE OF	OPERATION	1 208. CON	NOITION	FOR WHICH OPERA	TION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes ar Na)
	2										3	res
U	UNDERLYING		TRIB-		22B. PLACE OF INJU home, form, foctory, s	URY(e.g., treet, affic	in or obout : e bldg., etc.)	22C. WHERE DI	D (If in Boltin	mare City, give	exoct location)	
MEDI	22D TIME		(TH. Doy) (Year	) (Ho	ur) 22E.INJURY OC	CHERRED		22F. HOW DID	INTURY OF	CUP?		
	OF INJURY	(манн) (с	704) (1801	) (110	m. WHILE AT WORK	NOT	WHILE O	1011010	ii eyoki oc			
	23.				III. WORK	A1 1	TORK CIT					
	I cert	ify that I h	eld on I	nquiry	Inspection [	Au	tapsy X	and that or	this basi	s, death in n	ny opinion	
	result	red from: N	latural cau	ses X	Aceident	Suicio	le 🗌 H	omicide 🗌	Undeter	mined manne	or 🗌	
		11/1	21		1			CHIEF MEDICA	L EXAMINE	R		
	ACTUAL	14/1/	MX/I	1	m1 -		ASS	STANT MEDICA	L FXAMINE	R		DATE SIGNED
	SIGNATI	-	11010	1 //		M.D	),					
	NAME (T	1	Werner	U/./	Spitz, M.D.		Deputy	Chief Me	edical	Examine	r	7/27/69
24/	BURIAL CREA		4B. DATE	1)	24C. NAME of CE				D. LOCATIO		own, or county	
	4QVAL (Specil	fy)	7/22	160				1/2			L	
	Burial		7/31	09		burn		etry		timore		
25/	DATE RED'S	B1989H	DEPT.	E 250	NAME OF PENISTRAL	R	25C.	FUNERAL DIRE		7206 W	ADDRESS	th AVe
	411-6-	1000			-			и пата	veau	1206 W	~ 01.	on was
h-		773						-	-			

TOTAL MODEL TO THE A & U sining! Donesian Barry Turnar sig-se-seds Mrs Namy T Gox, 4825 wilder Ave Burish 7/31/69 It Amburn Cemetry Relationer M. on the Such

prior to death.

5.

attendance

	00 707	A BALTIMORE CIT	Y HEALTH DEPAR	RTMENT			
Į.	69 700	CERTIFICA	TE OF DE	ATH	REG. I	NO	700
	TH NO.	021(11110)				170	7634
	DE OF Print) EDN.	A REITZE			y 26,	19	69   11:40P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where	deceased liv	ed. If insti	tution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL DSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	Ma	ryland		- 1,1010.0	602
IN	STITUTION		C. CITY OR TOW	ltimor	9		CITY LIMITS?
	@ Bolton Hill !		E. STREET AND			- '	140
	LaFayette Ave	e.& Jahns St.	13	2 N. K	enwood	l Ave	nue
5. 5	6. RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRT	H 9	ost birthdoy		If Under 1 Yi. If Under 24 His.
		WIDOWED DIVORCED	Aug.1,1	886		82	
	. USUAL OCCUPATION (Give kind of work)	OB, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE	(Stote or foreig	in country)		12. CITIZEN OF WHAT COUNTRY?
0011	Housewife	at Home		Maryla	nd		USA
13.	FATHER'S NAME		14. MOTHER'S A	AAIDEN NAM	\E		
	John Hanle	<u> </u>		lla	Garria	on	
15. (Ye	Wos Deceased Ever in U. S. Armed Foice s,no oi unknown) (If yes, give woi oi dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS 21093
	no — –	216-54-5714	Mr. Will	bur J.	Reitze	-522	Wyngate Rd.
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not meon the mode of foilure, asthenia, etc. II means II injury or complication which coused do	dying, e.g., he diseose,  (A) IMMEDIATE CA	Н С			************	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if arrise to like above cause (A) s		s A CONSEQUENCE	lone	thri	is	2,
	UNDERLYING CONDITION last.	(C)	*				•••••
ATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	ETERMINAL		A * * * * * * * * * * * * * * * * * * *	•••••		
CERTIFIC	19A. DATE OF OPERATION 19B. COND.	TION FOR WHICH OPERATION	20 A. AUTOPS	(Yes or No)		WERE FIN	IDINGS CONSIDERED ES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	in or about 21 C. WI office bldg., INJURY	HERE DID OCCUR?	(If in	Boltimore (	City, give exoct location)	
EDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21 F. H.C	M DID INT	JRY OCCUR?		
2	(APPROX.)	While At Work At Work					
	22. I certify that (I) (this hospital)		Dese	124 1	964 10		July 26 1969.
	that (1) (we) last saw the deceased	() / -	4 19 69	and the	t In(my) (o	opinie	on death accurred on the date
	and haur and from the causes state	d abave. (1) (We) (did) (did nat)				•	

23A. SIGNATURE

Attending Phys.

23D. ADDRESS

Med. Director Staff Phys 23B. DATE SIGNED

Stephen Toms

M.D.

24C. NAME of CEMETERY OF CREMATORY

ous MD

1712 Winford

24D. LOCATION

(City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) Cremation

PHYSICIAN'S NAME (Type)

9 Greenmount Crematorium
258 NAME OF REGISTRAR
25C. FUNERAL DIRECTOR
-H. Sander &

GEGREE

Baltimore, Maryland ADDRESS

1969 200 E 1969 9 2

Sons, Inc., Balto, Md.

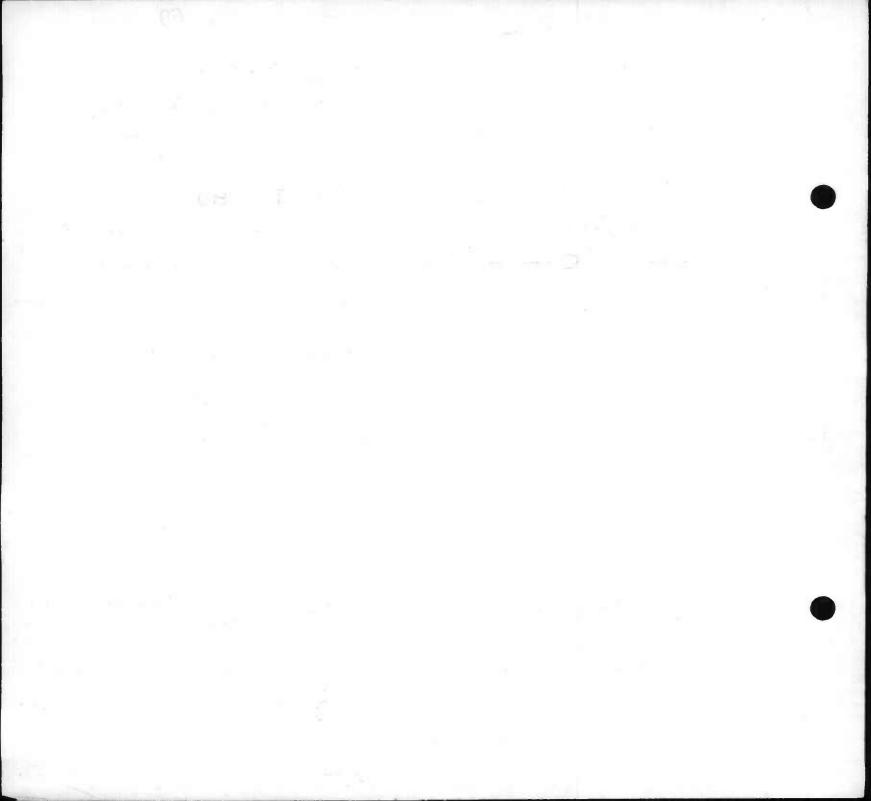
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(Stote)

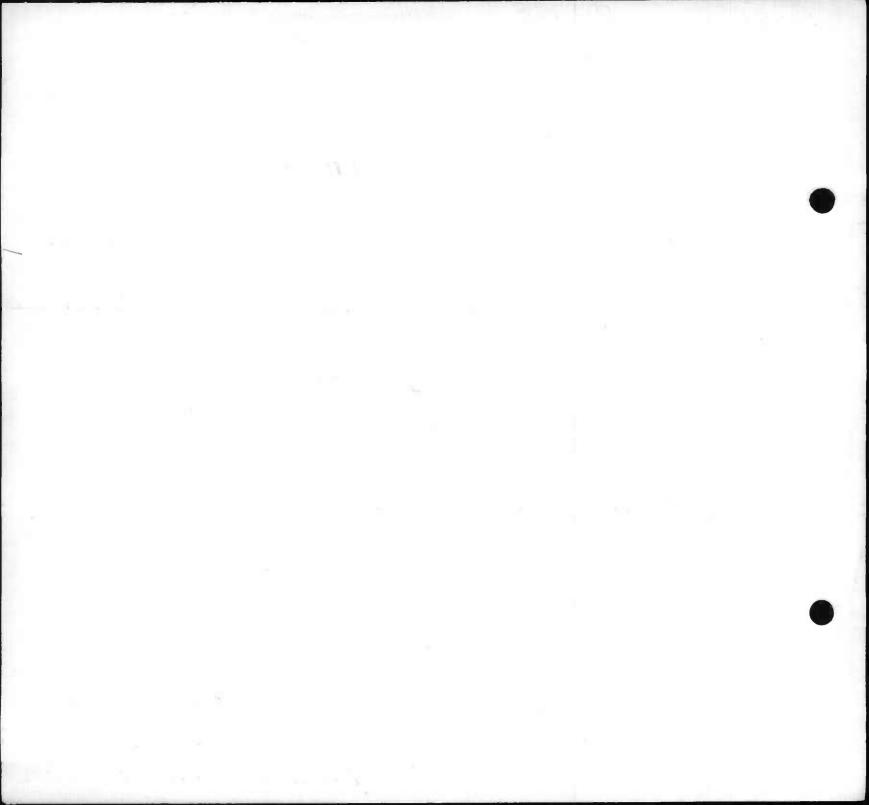
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A Contract of the state of the

GO PCOE BALTIMORE	CITY HEALTH DEPARTMENT
BIRTH NO.  1. NAME OF DECEASED  CERTIFIC	CATE OF DEATH REG. No. 7035
(Type or Print) MARY WOJCIECHOLD	2 DATE AND HOUR OF DEATH  1 July 28, 1969 16:20 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where Deceased lived If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	A. STATE  B. COUNTY  MARYLAND  LISIA. 604  C. CITY OR TOWN
CHURCH HOME AND	
35 HOSPITAL	E. STREET AND NUMBER  25 7 S. DURHAM ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs.
T LOHITE WIDOWED DIVORCED!	8. DATE OF SIRTH 9. AGE (in years last birthdoy)   Ost birthdoy    Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE -	MARYLAND DS.Y.
13. FATHER'S NAME Casimir Cleslewicz	14. MOTHER'S MAIDEN NAME Agnes Sobus
CASICIC	AGPES CHELEMICK
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) [0f yes, give wor or dotes of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT IN ISS ADDRESS
218-07-2482.	
CAUSE OF BE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.00
(This does not mean the made of dving, e.g. (A) IMMEDIATE (	CAUSE Devel fully and 2-3 hour
heort failure, asthenio, etc. It means the disease, injury ar camplication which caused deoth.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES S 1	A
(B) COO ! P	in borgenton and money - gradient
nise to the abave cause (A) stating the	ASA CONSEQUENCE OF: CHELORIC HOOL
UNDERLYING CONDITION lost. (C)	- amaio
- 11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4)	Programme and the second secon
19A. DATE OF OPERATION 17P. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If In Boltimore City, give exect location)
21D-TIME (Month) (Doy) (Yeon) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	/hile
22. I certify that (1) (this hospital) attended the deceased from	1.0. 38
that (Ne) just saw the deceased alive on 1000 28	19 6 and that In trees (our) gaining death accurred as the date
	the daily and the daily and the daily decorred on the daily
and haur and from the causes stated above. (1) (Ve) (did) (did nat	) view the body after death.
Colours Mens say	Aftending Med. Stoff Phys. 23B. DATE SIGNED Soft Phys.
PACE PHYSICIAN'S POLANDO A. NEWDORA	100 D. BROKDWAY ST. MD 2123
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	ret
The trace to the t	(SIOIE)
	, and a second s
25A. DATE REC'D BY HEALTH DEPT.	25C. FUNERAL DIRECTOR ADDRESS M. F. SADOWSKIP & SONS, 1808 EASTERN AVE.
S 1502REV. 1/1/68	The state of the s



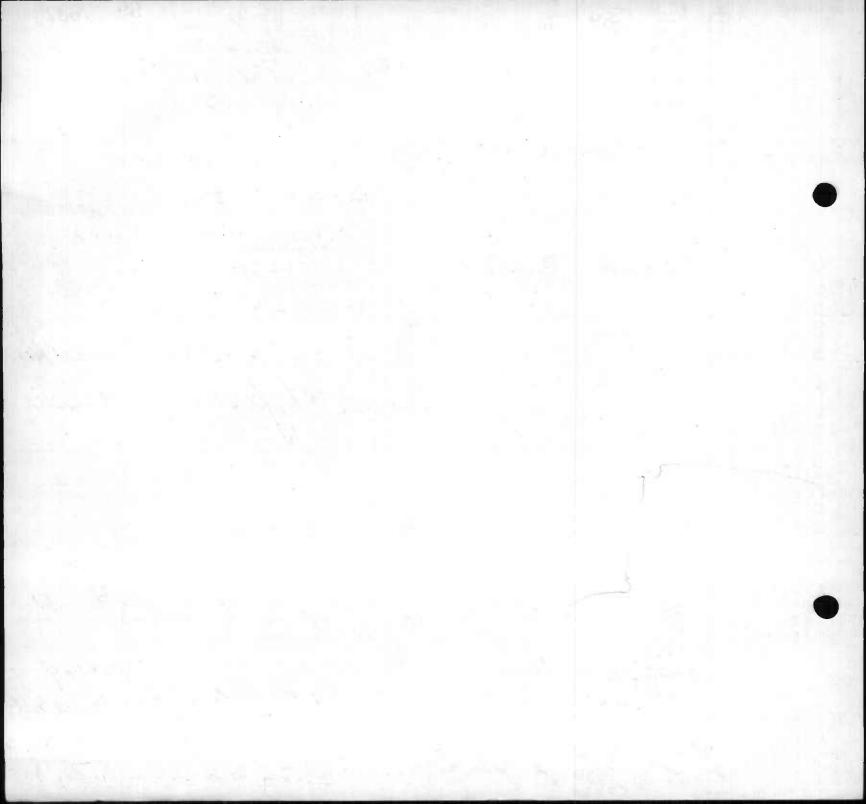
		69 76	336	BALTIMORE CITY	HEALTH DEPARTMENT	69	Pay
BI	RTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	<u>/636</u>
1 7	NAME OF DEGE	Chester	· .T.	Tadkowski		AND HOUR OF DEATH	7/07/60
L	ypa or Finni 7 /	DKOWSKI	MR	CHESTER	7.27.6	112 M.N.	1/21/09 12:00
3.	. PLACE IN BALTI	MORE MARYLAND, V	HERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II in	nstitution: residence before admission
FI	ULL NAME OF	(IF NOT IN HOSPIT	AL OR IN	STITUTION, GIVE STREET	MARYLA	WD.	2749
IN	ISTITUTION"			E AND HOSPITAL	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
		70 11000011	110.11	7,0311112	BALTIME E. STREET AND NUMBER		YES NO
	60				1991 Wras	ORD RD-14	4.
5.	SEX	. RACE		IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
10.	A. USUAL OCCU	ATION (Give kind of world	WIDOV	OF SUSINESS OR INDUSTRY	3.20-21	48.	
وبا	ne during most of well-	rking life, even it refired)	Fire	man, Balto.			12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM		City	Fire Dept.	MARYLA		AMERICAN
		K TADE	. A443Y	<i>41</i>			
15.		ver in U. S. Armed For		1 6. SOCIAL	NATE L	EWAN DOWS	SKI
(1 ∈	to Land	f yes, give wor at date	s of servi	SECURITY NO.	Park Mrs.	stella Tadk	owski ADDRESS Same
7	18.	WW II		217093393		Post	
	/ \ 3 **	OR CONDITION DI	ECTIV	CAUSE OF DEATI	SCLEROD	ERMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Li	ADING TO DEATH		(A) IMMEDIATE CAU	RAYNAUD'S	PHENOMENON	,
	This does not	mean the mode of thenio, etc. It means	dying, e	DUE TO, OR AS			
	injury ar campl	calion which caused	death.)		CONSEQUENCE OF:		
		TECEDENT CAUSES		(A) Pu	LMONARY NO	DULE (Rt)	)
	DISEASES OR	CONDITIONS, if above cause (A)	any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	UNDERLYING	CONDITION last.	sioning	(c)			
7		II .					
ATION	TO THE DEATH	ANT CONDITIONS COS BUT NOT RELATED TO TH	E TERMIN	lG Al			
ICA	DISEASE OR CON	DITION GIVEN IN PART	1 (A).	25. 14111.014.05.00	20A. AUTOPSY? (Yes or I	U-) 200 15 Mag	***************************************
ERTIFIC	7. 23.6		PRMED	TOES (2) FOOT	NO.	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
U	214 ACCIDENT	WAS UNDERLYING		21 B. PLACE OF INJURY (e.c., in	or obout 21C. WHERE DID	(If In Baitimore	: City, give exoct location)
CAL	DEATH (notify m	edicol examiner)		home, farm, foctory, street, all etc.)	ice bidg., INJURY OCCUR?		
	21 D. TIME (A	Aonthi (Doyl (Yearl	(Hour)	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
Σ	(APPROX.I			While At Not While Work At Work			
	22. I certify th	ot (i) (this hospital)	T	d the deceased from	7- 5-	19 69 to	7. 27
		st sow the decease			1 10		ilan death accurred an the date
				. (I) (We) (did) ( <del>did not)</del> vi		nat in (my) your apin	nan death accurred an the date
	22A SIGNIATEIRE				The body differ dediff.		23 B. DATE SIGNED
	1ra	bir K. bo	ععا	M.D Atten	ding Med.	Stoff Phys.	7. 2869 12.30AH
	NAME (Type	50 0			3D. ADDRESS DO	0 16-	4600
	PRI	BIR.K. Bos	E	M·D	Churc	radiras Bal	mune 21231.
24 A	REMOVAL (Spe	TION, 248, DATE	24C	NAME OF CEMETERY OF CREA	MATORY 24D.	LOCATION (City	r, town, or county! (Stotel
	Burial		69	Holy Rosary	Ba	ltimore,	Maryland
25 A	DATE REC'D BY			E OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	1111 2.9 19	69 Paber E	Wilde	1.01 D	MZF.6ADOWS	I & SONS, 18	808 EASTERN AVE
V5	150-REV. 1/1/68						



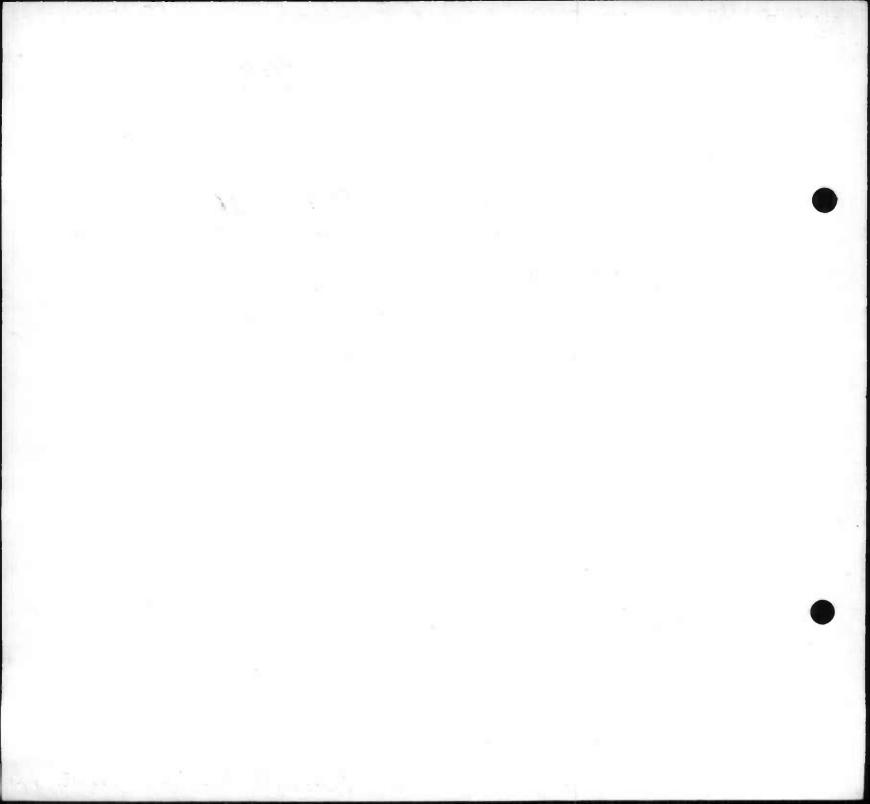
obtained before the remains are death); and (6) be approved (except to the any hospital was released must accident 10 approval 0 This certificate prior at An deceased D.0 the body shows:

50

institution: residence before admission) D. INSIDE CITY LIMITS YES [ NO N If Under 1 Yr. Manths! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? OMBS ADDRESS BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Z Med Staff Phys. Director L Phys. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION. 25G FUNERAL DIRECTOR VS 150-REV. 1/1/6B



	69 7638		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	9 7638
	RTH NO.	CERTIFICA	IE OF DEATH		
	NAME OF DECEASED  (PO OF Print) WOODARD,	Alian	2. DATE AN	D HOUR OF DEATH	
1			1/2	8/69	7:20 A M.
"	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il inst	itution: residence belore odmission)
F	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) OSPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	MD.		1101
11	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
ll'	38		BALTIMORE		YES A NO
11/	MUERSITY OF MARYLAND HOST	DATA	E. STREET AND NUMBER		
		TIAL	1215 EDMO	NDSON AVE	
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye. , If Under 24 Hrs.
11/	WIDOWED		1/7/98	714	Months Doys Hours Min.
10.	A. USUAL OCCUPATION Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale of forei	gn Country)	12. CITIZEN OF WHAT COUNTRY?
00	the during most of working life, even if retired)  N		Baltimire	Md.	4. s. A.
13	FATHER'S NAME	b-e		-	W. 3. 4
1	Bill		14. MOTHER'S MAIDEN NAM		
	10,114 treatment		11/189918 13	sone H	
15. (Ye	Was Deceased Ever in U. S. Armod Forces? s,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	218-09-7247 A	Classic	4.11	84
	18.	CAUSE OF DEATH	Cha bene	e Mail	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
1	LEADING TO DEATH	(A)IMMEDIATE CAUS	· MYROM BOSK	RT MIDIXE	12 DAVS
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	2-221 00	
	injury or camplication which caused death.)		CEA	CEBRAL BRI	EKY
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:	*************************	
	rise to the above cause (A) stating the	•			
	UNDERLYING CONDITION last,	(C)		****************	
Z	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
Q V	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR W	VHICH OPERATION	120 A A 11 = 0 B 2 V (V N N	000	********
ERTIFIC	WAS PERFORMED	THICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	ES OF DEATH?
11 2	21A, ACCIDENT WAS UNDERLYING 17 121R.	PLACE OF INITIBY (a.g. in	OV about 21 C WHERE DAD	Inf. a. D. free	
4	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF home elc.)	PLACE OF INJURY (e.g., in o, form, foctory, street, offi	ce bldg., INJURY OCCUR?	(It in Boltimore (	City, give exoct locotion;
II υ					
MEDI	OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
-	(APPROX.) While	lo At Not While			
	22. I certify that (1) (this hospital) attended th	e deceased from	2/22 19	9 69 to 7	128 10 69
	that () (w) last saw the deceased alive an	7/37	/ / ~	(	on death accurred on the date
	and havr and fram the causes stated abave. (1)			int(my) (300t) abinio	in death accurred on the date
	23A. SIGNATURE	(me) (ala) (aja-nar) vi	ew the bady after death.	160	
	1/2 DP//.	M7) Attend	dina  Med.	Shoff CD	BR. DATE SIGNED
	23C.PHYSICIAN'S	OEGREE Phys.	Director LJ P	hys.	68 JULY 69
	NAME (Type)	the D	D. ADDRESS		
	SOLOMON D. ROBB.	INS OFFREE	UNIVERSITY OF	- MARYLAW.	D HOSP, BAZTMOR
24	REMOVAL (Specify) 248. DATE 24C. NA	ME OF CEMETERY OF CREA	MATORY 24D. LO		lown, or county) (State)
1	Junial 7-31-69 M	11. Auburn	C B	oltomire	m.
	A. DATE REC'D BY HEALTH DEPT. 258. NAME O		25C. FUNERAL DIRECTOR	- 511	ADDRESS
	1111 20 1969 32 BE Jaben	MOO O O	751.0.0	1. Wils.	100 B. It. A.
VS	150-REV. 171/6B		1 (000)	O TO I A JA	1000 practing for

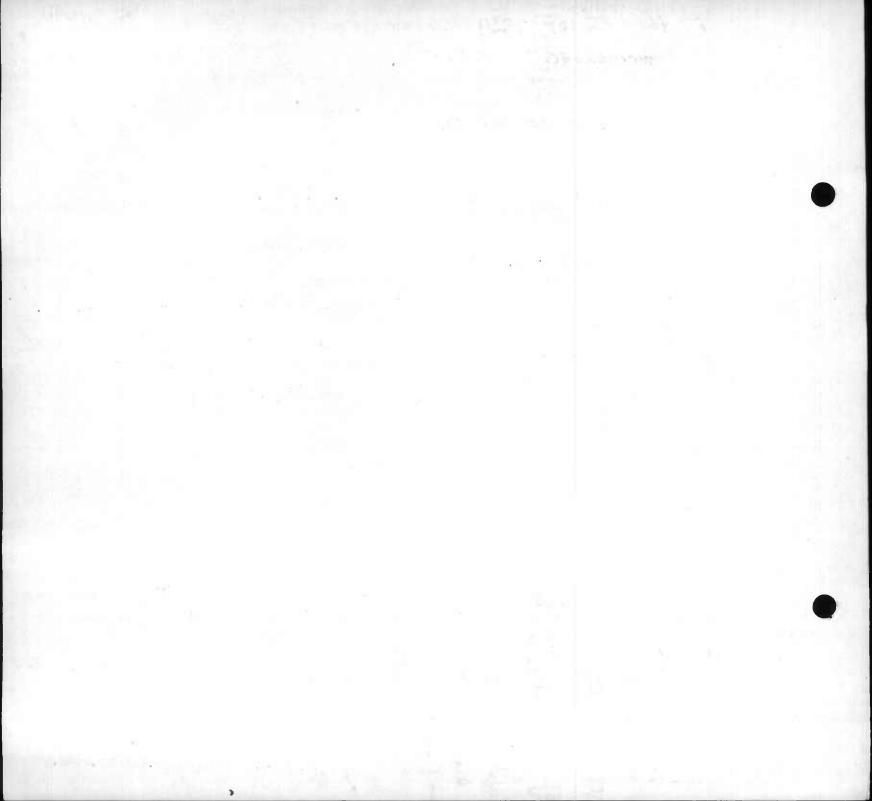


- 11	69 7639 BALTIMORE CITY H	HEALTH DEPARTMENT				
	BIRTH NO.  I. NAME OF DECEASED	TE OF DEATH REG. NO.				
	(Type or Print)	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A, STATE  B, COUNTY				
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND 808				
-11	THE JOHNS HOPKINS HOSPITAL	BALTIMORE D. INSIDE CITY LIMITS?				
	11	E. STREET AND NUMBER				
		1115 RUTLAND AVE				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8.	DATE OF SIRTH  9. AGE (in years   If Under 1 Yr.   If Under 24 Hrs.   Manths! Days   Haurs   Min.				
	MALE NEGRO WIDOWED DIVORCED	9/5/02 66				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Unemployed None	Horence S. C. 4.8,1				
'	13. FATHER'S NAME	MOTHER'S MAIDEN NAME				
	Judson HANT	Rebecca Fredrick				
l n	15. Wes Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give war or dates of service)   16. SOCIAL   17.	INFORMANT				
	251-03-7111	Open Hart la				
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) MMEDIATE CAUSE  OUT TO OR ASSACE	Vreauvel pulm. Emboliso 20 min				
	heart foilure, astherio, etc. It means the disease, injury or complication which caused death.)	ONSEQUENCE OF:				
	ANTECEDENT CAUSES					
	DISEASES OF CONDITIONS IN	Skamputaken due to				
	rise to the above cause (A) stating the	CONSEQUENCE OF:				
	UNDERLYING CONDITION last. (c) Chables	Colleges during sein alleration, gangeone				
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATIV	IDISEASE OR CONDITION GIVEN IN PART 1 (A)	, gostu alcuston p-opgas (cetomy				
	U II QA DATE OF OBENATION INC. CONDITION CO. CONDITION	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
103	SI CONTRACTOR SUMMERON	163				
11 -	OR CONTRIBUTING CAUSE OF	Shout DIC WHERE DID				
HC	C   Part thusty medical exominer					
A	21D. TIME   Manih)   1Doy) (Year)   1Haud   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	Wark At Wark					
	22. I certify that (4) (this hospital) attended the deceased from 7-19 1909 to 7-25-69 19					
	that (1) (we) last saw the deceased alive on 7-25 BAM 19 69 and that In (mx) (aur) opinion death occurred on the date					
	and haur and from the causes stated above. (We) (did) (did heat) view the hady after death.					
1	23A. SIGNATURE	238, DATE SIGNED				
	John h Kellum J DEGREE Phys.	Med. Staff. Director Phys. D				
		ADDRESS				
24	24A. BURIAL CREMATION 124B. DATE KELLIM MESS CHARLES VILLE	THE JOHNS HOPKINS HOSPITAL				
124	REMOVAL (Specify)	TORY 24D. LOCATION (City, town, or county) (State)				
25	13UNIAL 17-29-69 MT. AUBURN	Cem- Baltimore Md.				
123	111 29 1969 DELE JOBE NAME OF REGISTRAR	25G, FUNERAL DIRECTOR ADDRESS				
1	JUI 29 1969 Julie E. Jaber, Ma. 0 0	I though Old (50 1000 Bondly Mrs.				

X

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 59 76						
В	7-420 69 764		TE OF DEATH	REG. NO.		
1, I (Ty	NAME OF DECEASED HOLLWORD, M.	INNIE A.		D HOUR OF DEATH	7:45 PH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If institutio	n: residence before admission)	
H	JUL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUJION	Md.	D. INSIDE CIT	2733 Y LIMITS?		
	SINAL HOSP. OF B	Baltimore	YES			
	42	E. STREET AND NUMBER	602 Goodwood	Road		
	SEX 6. RACE 7. MARR WIDOV	Nov. 4, 1877.	ost birthdoy)  91	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.		
	A, USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12. (	CITIZEN OF WHAT COUNTRY?	
	Housewife		Marylan		USA	
13.	Joseph J.	Pfisterer	14. MOTHER'S MAIDEN NAME  Carrie Noah			
15,	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	00.2 2 2 0 2100	ADDRESS	
(Ye	(If yes, give wor or dotes of servi	security No. 215-01-7190		. Musch, 3914		
	1B. 4/ 3	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	A NUMBER OF CASE	congect	ting Kent	1 month	
	ODSEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which coused death.)					
	(D)					
	DISEASES OR CONDITIONS, if only given ise to the obave cause (A) stating UNDERLYING CONDITION last.	A CONSEQUENCE OF:				
	II	(c)		_/-		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Julist	inal obstem	lion		
ERTIFIC,		20 A- AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES O			
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore City,	give exact location)	
NED!	21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
2	(APPROX.)  White At Not White At Work					
	22. 1 certify that (1) (this haspital) ottended the deceased from 1969 to 7/25 1969,					
	that (1) (we) last sow the deceased alive on					
	and haur and from the causes stated above	e. (1) (We) (did) (did not) v	iew the bady ofter deoth.	228	ONTE SIGNED	
	Leonisio & you	Phy	nding Med.	Shaff Phys.	uly 25 1969	
	23C. PHYSICIAN'S NAME (Type)	OLONEC!	23D. ADDRESS	rnys.	1	
	NAME (Type)	DEGREE	Sinai	Hospital		
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CATION (City, tow	n, or county) (Stote)			
Burial 7/29/69. Lorraine Pk. Cemetery Baltimore, Md.						
25.	1000 00 00 7 0	AE OF REGISTRAR	Leonard J.	Ruck, Inc. B	alto. Hd.	
VS	150-REV. 1/1/6B	7 7 0 0 0	7 6 3 0			



1	B-2/0 09 /641 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH  REG. NO. 69 7641		
of death Of death Deceased e on the oth. Such	T. NAME OF DECEASED (Type or Print)  LEVINA  O. BISHOP	July 25, 1969 1.50 a. M.		
ed in a hospital ting couse of a d cause; (5) Dece r attendonce of prior to deoth.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  6804 Brook Avenue	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY  Maryland C. CITY OR TOWN  Baltimore E. STREET AND NUMBER  680h Brook Avenue		
occurre ontributi ermined regular eased pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED X female caucasian WIDOWED DIVORCED	S. DATE OF BIRTH  June 17,1893.  9. AGE (In years lost birthdoy)  76  If Under 1 Yr. Hours Min.		
or o	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  Retired Beautician  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  Penna.  USA  14. MOTHER'S MAIDEN NAME		
	George M, Bishep	Media Hickson		
ssistont the dir kind; ( death nce on finol di	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  No.	Mr. Andrew Graham, 1208 Munsey Bldg. 21202		
dical examiner or his of lical examiner. Also, i res; (3) A frocture of an sicion who pronounce was in regular oftend mains are embolmed or	injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.  (B)  DUE TO, OR AS  (C)	SE Preumoio-Bruncho bileten 3 whs.  A CONSEQUENCE OF:  A CONSEQUENCE OF:		
the chief med (2) Body bu ere the phy of physician efore the reference of	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., i hame, form, factory, street, of etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  In or about 21 C. WHERE DID (If in Boltimore City, give exact location) fiftee bldg., INJURY OCCUR?		
ospinospi oture pt w (6) h	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.) While At Not While At Work			
ficate must be opprovas releosed to the An occident of any A. at a hospitol (exc prior to deoth); on pprovol must be obt	22. I certify that (I) (this haspital) attended the deceased fram that (I) ( ) last saw the deceased alive an	19 5 to 7-25 19 69  19 69 and that in (my) (see) apinion death occurred an the date riew the bady after death.  238. DATE SIGNED  230. ADDRESS  7527 Belair Road, Balto, Md.  EMATORY  240. LOCATION (City, town, or county) (Stole)		
This certify the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT.  25B, NAME OF REGISTRAR  VS 150-REV. 1/1/6B	Baltimore, Md.  25C. FUNERAL DIRECTOR LEONARD J. Huck, Inc Baltimore, MdLL		

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Dr. Antreu Calina, Dr. Bartes Calina, Co. Brand Chi. 22202

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## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 7642 CERTIFICATE OF DEATH pital and of death Deceased Suc I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Pant) hospital 25 A. A. ō 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) contributing cause P Balto FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR JOWN (4) Undetermined cause; 0 0 D. INSIDE CITY LIMITS? sed prior YES -NO DEEL AND NUMBER occurred regular 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years deceased If Under 1 Yo. Il Under 24 His. Hours Caucasian WIDOWED X DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death == disposition done during most of working life, even if retired) or Housewife Italy none Was the 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME įį Matrangolo Santiana assistant death O 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) all yes, give wor at dates af service) kind; 6. SOCIAL 7. INFORMANT final ADDRESS SECURITY NO. attendance 165013 Kose 1000 any pronounced CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed examiner. Also (3) A fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not maon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, atc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving OR AS A CONSEQUENCE OF: rise to the above cause (A) E physician monary UNDERLYING CONDITION last chief medical before the remains Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). abor any nature; (2) Body 198 CONDITION FOR WHICH OFERATION the 19A-DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the where 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, form, factory, street, affica bidg., INJURY OCCUR? (If In Boltimare City, give exact location) ž hospital MEDICAL DEATH (notify medical examined) by obtained 21D. TIME (Day) (Yeor) (Haud 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved OF INJURY (except Not While While At (APPROX.) and At Work to the 22. I certify that (1) (this hospital) attended the deceased from death); pe that (I) (we) last saw the deceased office on and that In (my) (our) opinion death occurred on the date An accident of hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. the body was released shows: (1) An accident must 23A. SIGNATURE 238 DATE SIGNED Attending [ Med. Staff prior to written approval Director L Phys. 0 DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ğ Maryland General Hospital D.O.A. DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY deceased 24D. LOCATION (Stote) (City, town, or county) New Cathedral Cemetery Baltimore Maryland Was 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Legnard J. Ruck Inc. 5305 Harford Rd. 21214 VS 150-REV-1/1/68

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	1	BALTIMORE CITY HEALTH DEPARTA	AENT
	sed the uch	BIRTH NO. 59 7643 CERTIFICATE OF DEA	ATH
	f deati ecease on th	T. NAME OF DECEASED (Type or Print)  EMMA  BAILEY	July
	hospital and use of death (5) Deceased ance on the death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  CERTIFICATE AMENDED  4. USUAL RESIDEN A. STATE Marylan Marylan	CE (Where B. COUNT)
	in a g cau ause; ttend or to	HOSPITAL OR ADDRESS OR LOCATION) 115 -2015 Hamilton Ave.  8-11-1969 Baltimor E. SUREEJ AND NO	
	outing and a a a a price de.	2115 2013=Ha	milto
	ntrik rmin egul ased s ma	Female White WIDOWED DIVORCED Dec. 6, 1	1881 %
	or c ndet in dec	done during most of working life, even if retired) Housewife  Housewife	re Mar
	w (4)	John Deitrich Bertha E:	
N N N	sistanthe of the deat deat deat inal	15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL   SECURITY NO.   17. INFORMANT   NO   NO   Miss Car	olyn
DIRECTOR: IMP	pproved by the chief medical examiner or his o the hospital by a medical examiner. Also, any nature; (2) Body burns; (3) A fracture of ar (except where the physician who pronounce; and (6) No physician was in regular attende obtained before the remains are embalmed o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heat foilute, osthenio, etc. It means the disease, injuty or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITION lost.  (A) MMEDIATE CAUSE  (A) MMEDIATE CAUSE  (A) MMEDIATE CAUSE  (B)  DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQU	
FUNERAL DI		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bldg., INJURY OF INJURY OF CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Yeor) (Hour) While At Not While At Work  22. I certify that (I) (this hospital) attended the deceased fram	RE DID CCUR?
	ficate must be was released An accident o A. at a hospita prior to death	and how and from the causes stated shave. (I) (Wa) (did) (did not) view the body after  21A. SIGNATURE  22A. SIGNATURE  DEGREE  Phys.  23D. ADDRESS  NAME (Type)  Phys.  23D. ADDRESS  5214  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  7/26/69. Baltimore Cemetery	r death.
	This certify the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL E	DIRECTOR
		V 3 13U=RFV, 1/1/08	

1	) ./ .	5 00	MOAS	BALTIMORE CITY	HEALTH DEPARTMENT		60	220 40	
BIR	5 - 40 ( TH NO.	) 59	7643	CERTIFICA	TE OF DEATH	REG. NO	59	7643	
	AME OF DECE	EMMA		BAILEY	July	7 21, 1969		9: 05	A. M.
HC	ERTI SPITAL OR STITUTION	F Hamilton	ALAME TION)	8-11-1969	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland C. CITY OR TOWN Baltimore E. SPREEL AND NUMBER 2015 Hamilt	D. INS	IDE CITY LIMITS	706	missian)
S. S	EX	6. RACE	7	NEVER MARRIED	<u> </u>	9. AGE (In years	If Under 1 Y	r. tf Under	24 Hes
	Female	White	WIDOWED	DIVORCED	Dec. 6, 1891-	tost birthday) 87 -77-	If Under 1 1 Months Day	S Hours	Min.
	House	orking life, even if petired)	W. W. L.		Baltimore Man			USA	
13.	FATHER'S NAM		5		14. MOTHER'S MAIDEN NA				
		John		rich	Bertha Eierman	n some	XXXXX		
5. Yes	Was Deceased s, no or unknown) NO	Ever in U. S. Armed Far (If yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	Miss Carolyr	Bailey,		i. Md.	
CERTIFICATION	DISEASES O UN DERLYING  OTHER SIGNIFITOTHE DEATH		any, giving stoling the NTRIBUTING HE TERMINAL TOLEN FOR V	(B)	A CONSEQUENCE OF:	20B. IF YES, WERE	FINDINGS CO	NSIDERED	
CERTI	21 A. ACCIDEN OR CONTRIBU	T WAS UNDERLYING	218,	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		e City, give ex		
MEDICAL	DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (	that (1) (this hospital last saw the decease from the causes state that the causes state that the causes state the causes	(Hour) 21E. Whi Wor ) attended the d alive on	INJURY OCCURRED  le Al Not While At Work  the deceased from  O (Wa) (did) (did not) v  Attempty  Attempty	21F. HOW DID INJ	19 to api	23B. DATE SI	GNED 21, 19	69. The date
24	BURIAL CREA	AATION, 248. DATE	White,	M. D. DEGREE	the same of the sa	•	ity, tawn, ar ca		(Stote)
	Buria  Date Recod  111 29	17/26/ BY HEALTH DEPT. 1969 Robert	69. Ba 258. NAME O E. Jabe		etery B 2SC, FUNESAL DIRECTOR () Leonard J			ADDRESS . Md. 2.	1214

Corrected by insurance policy issued in 1898, De. B.C. for son born in 1911 and V.S. 153 8 11-1969

	BALTIMORE CITY HEALTH DEPARTMENT					
	H-555 69 7644 CERTIFICATE OF DEATH REG. NO. 69 7644					
	(Type or Print) Earl M. H	July 25, 1969.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	A. STATE B. COUN		stitution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INS	Md.		2632		
	IN STITUTION	Baltimore D. INSIDE CITY LIMITS?				
ė.	Johns Hopkins Hos	E. STREET AND NUMBER 4601 Woodlea Avenue				
mad	5. sex 6. RACE 7. MARRI WIDOW	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Oct. 12, 1904	9. AGE (In years lost birthdoy) 64	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.	
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY	
0	Roller Operator St	eel Co.	Maryland	<b>a</b>	USA	
disposition	Jacob Hennema	14. MOTHER'S MAIDEN NA	Daisy Or	'em		
final d	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no grunknown) (If yes, give wor or doles of service) NO	218-09-5758	17. INFORMANT Mrs. Anna Henne	eman	(Same)	
before the remains are embalared or	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	ing DUE TO, OR AS the (C)	A CONSEQUENCE OF:  A CONSEQUENCE	(If In Boltimor	3 years,	
btained	OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While At Work	1/2/		2/2/ 69	
must be ob	22. I certify that (I) (this hospital) attended the deceased fram					
approval m	23C. PHYSICIAN'S NAME (Type) Albert B. Bra	DEGREE Phy	23D. ADDRESS	Shaff Phys.   lair Road	7/25/19	
	REMOVAL (Specify)	NAME of CEMETERY OF CR	16.1		ty, town, or county) (State)	
written		Moreland Memori	25C. FUNERAL DIRECTOR		Address Salto. Md. 21214	
	VS 150-REV. 1/1/6B		11/ 00 4			

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ch ch	BIRTH NO. CERTIFICA	ATE OF DEATH	69 7645
deat deat ease n th Suc	1. NAME OF DECEASED (Type or Print)  Marie H. Burke	July 27, 1969	4.15 p.
5 % o 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institu	tion; residence before admission)
a hospi ause o e; (5) D ndance to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland	CITY LIMITS?
ed in a dring ca d cause r atten prior to e.	3225 Ravenwood Avenue	E. STREET AND NUMBER	S NO
ed ar		3225 Ravenwood Avenue	
occur ontrib ermin regule eased is ma	S. SEX  6. RACE  7. MARRIED NEVER MARRIED  DIVORCED  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	12/9/3201   lost birthdoy)   M	Under 1 Yr. If Under 24 Hrs. Hours Min.  2. CITIZEN OF WHAT COUNTRY?
th let on on	done during most of working tife, even if retired)		
if dearect or (4) Und was the d spositi	Housewife & Seams tress  13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	USA
	Frank Trushke	Mart Lubetski	
rant nd; ( sath at di	16. SOCIAL   16. SOCIAL   16. SOCIAL   16. SOCIAL   17. SECURITY NO.	17. INFORMANT	ADDRESS
sis th ki de de in	no 3212-01-3988	Mr. Oscar H. Burke	Same
if if	18. / 80 X I CAUSE OF DEAT	Й	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
G = = 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Heart Lil	
. Als ure o onou r att	(A) IMMEDIATE CA  (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,	A CONSEQUENCE OF:	
miner. fractu o pro gular emba	injury or complication which coused death.)	4 A	
	ANTECEDENT CAUSES (B)	allases	1 mas
exar 3) A 3) A m re	DISEASES OR CONDITIONS, if only, giving the	A CONSEQUENCE OF:	4-11-11
	UNDERLYING CONDITION Iosi. (C).	amous cell carcinon	a cerrex
medica medical burns; physicic an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
he dy	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
y the chi ital by e; (2) Bo there th No phys	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or contributing   CAUSE OF DEATH (notify medical exominer)	in or obout 21C. WHERE DID (If in Boltimore Ci	ity, give exact location)
ature pt w (6) k	21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY  While At Not Whi	21F. HOW DID INJURY OCCUR?	
prov the I ny n exce and	22. I certify that (I) (this haspital) attended the deceosed from		10
g + B >	that (I) (we) last sow the deceased alive an		
0 0 7 7	ond haur and from the couses stated above. (1) (We) (dld) (did not)	view the body ofter deoth.	
dent dent deat deat must	23A. SIGNATURE		B. DATE SIGNED
a to a ci	C. Edmund & World Marie DEGREE Phy		7/28/69
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 2101 Eastern Avenue Baltimor	re Merwland
144	C. Edmund Rybczynski M.D.    24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY of CR		to ristry Lating
body ws: (I) ws: (I)	REMOVAL (Specify)  Burial 7/30/69 Parkwood Cemete:		
This certify the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
444343	JUL 29 1969 Pabers E. Falley M.D.	Leonard J.Ruck Inc. 5305 He	arford Road 21214
	VS 150-REV. 1/1/68		Dr. Test

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## IMPORTANT **DIRECTOR:** FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 7646 CERTIFICATE OF DEATH REG. NO. (5) Deceased Such death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO SR. hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived If institution: residence before admission) attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause; 0 D. (NSIDE CITY LIMITS YES prior contributing E. STREET AND NUMBER etermined is made. regular 5. SEX 6. RACE 8. DATE OF SIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years deceased If Under 1 Yr. WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side disposition 12. CITIZEN OF WHAT COUNTRY? Ξ done during most of working life, even if retired) Und Laborer Greenmount Cemetery Baltimore Was 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NACH 4 Richard Maude Baugher assistant eath 0 kind; 15. Was Deceased Ever In U. S. Armed Forces? (Yas, no or unknown! (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance Louise xRoxtex, sister, 1126 E.36th St. O -10 - 5764no any pronounced 18. CAUSE OF DEATH Also, DISEASE OF CONDITION DIRECTLY 90 embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture IThis does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, chief medical examiner examiner. regular injury or camplication which caused death.) ANTECEDENT CAUSES who AZO te me DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last, burns; Was H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (N PART ) (A) Body 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 0 20A. AUTOPSY? (Yes or No) 20% IF YES WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? before the 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218 PLACE OF (NJURY (e.g., in or about 21 C. WHERE D(D home, farm, factory, street, affice bidg., INJURY OCCUR? (If In Baltimore City, give exact lacation) the body was released to the hospital ° MEDICAL DEATH inotify medical examined any nature; obtained (except w 21D. TIME (Manth) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY Not While While At (APPROX) Work 22. I certify that (I) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an\_ and that in (my) (aur) apinion death occurred an the date hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. certificate must be must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [ 0 Med. approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to HANCS D.O.A. shows: (1) 24A- BURIAL CREMATION, REMOVAL (Specify) 248. DATE beceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial Greenmount Cemetery Baltimore, Md. Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR Funeral Home, Inchess 3381 Brehms Lane VS 150-REV. 1/1/68

No

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

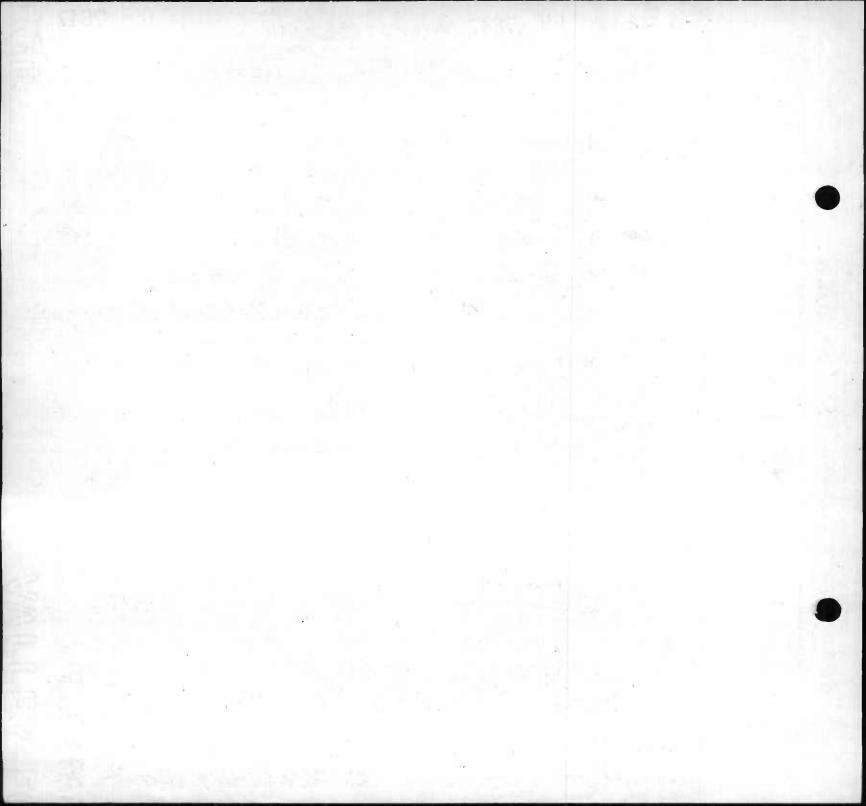
(Stote)

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Il Under 24 Hrs.

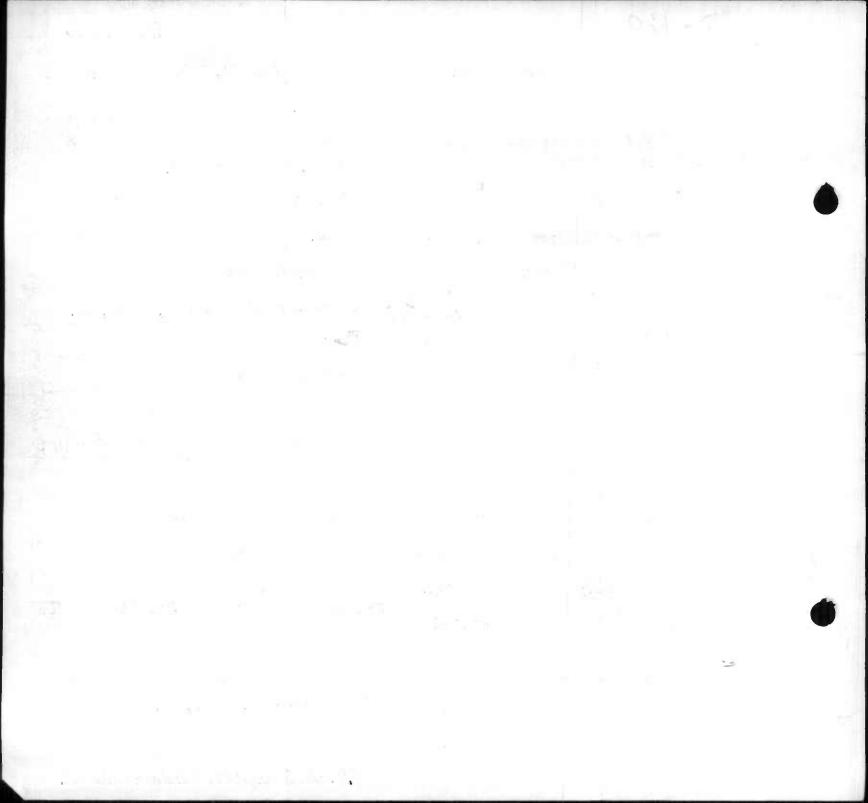
. concluted second resignation to 2 . Visital to 1 . The last 1 .

	K-626 69 7647 CERTIFICATE OF	DEPARTMENT / 500 10 7647
	BIRTH NO.	DEATH REG. NO.
	(Type of Print) MILDRED V. KRUGER	7-27-69 10:35 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL A, STATE	RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OF	TOWN D. INSIDE CITY LIMITS?
- [[	WORTH CHARLES GENERAL	ALTO YES NO NO
	49 HOSPITAL OIG	court Rd & warriotte Lane
5	5. SEX  6. RACE  7. MARRIED NEVER MARRIED  B. DATE O  WIDOWED  DIVORCED	9. AGE (In years lost birthdom) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPI	ACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	H.W OWN HOME	mo. OSA
1	13. FATHER'S NAME	R'S MAIDEN NAME
	WILLIAM DEAHL	. GREGORY
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	£ 7
	214.16.5061 GL	ORIA SCHISSLER BRANGLES RD.
	DISEASE OF CONDITION DIRECTLY	e Tuyopardial BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE	ENCE OF:
	heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	,
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQ	JENCE OF:
	UNDERLYING CONDITION lost. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH OF THE	wary emphysema
		TOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 2 home, form, factory, street, office bldg., IN DEATH (notify medical examiner)	C. WHERE DID (If In Baltimore City, give exact location)  JURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 2	F. HOW DID INJURY OCCUR?
	(APPROX.)  While At Not While Work  At Work	
	22. I certify that (1) (this haspital) attended the deceased fram	1969 to 7/27 1969,
	that (I) (we) last saw the deceased alive an	and that in(my) (aur) plalan death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bo	dy after death.
	23A. SIGNATURE Attending	Med. Stoff C
	23C. PHYSICIAN 23D. ADDRE	Director Phys. Phys.
	NAME (Type) Wellerm of I Gonale MI) 10	634 Fork Rd. Cockenfinite Mills
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY	24D. LOCATION (City, town, or county) (Stote)
	BURIAL 7/30/69 ST JOHNS.	Howard Co. md
1		NERAL DIRECTOR ADDRESS
	JUL 29 1969 Jaber E. Jarber M.D.	STANSBURY BALTO MD
1	VS 150-REV, 1/1/6B	



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death death eased n the Such	1. N	TH NO.	ASED								ND HOUR OF	DEATH			
of deat Decease e on th	L "	e or Print)			vard De					Ju	ly 24,	1969		1:20	P M
se of (5) Dec ance o death.	3.	PLACE IN BALT	IMORE MA	RYLAND, W	HERE PRONO	UNCED DEAD		4. USU/ A. STAT	L RESID	B. COU	ere deceosed	lived. If in	stitution; r	esidence before	admission)
hosp ise (5) and dea	FU	LL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTIT	UTION, GIVE S	TREET			d.				28	33
cause cause use; (5 endan to de	IN S	SPITAL OR							or town			D. INSI	DE CITY L		7
	X	US Publ			rvice H	ospital		1	ET AND				YES	NO Z	<u> </u>
outing ed cau ar att prior		3100 Wy		rkway				19	903 N	. Fore	st Parl	Ave.			
	5. \$		6. RACE			NEVER MA	RRIED		OF BIRTH		9. AGE (In y		II Unde	r 1 Yr. II Un Doys Hours	der 24 His.
contrib contrib letermin n regul eceased on is ma	104	M. USUAL OCCU	PATION (Giv	a bind of work	WIDOWED		RCED		5/15/	*	52				
in in	dane	during most of w	rarking life, ev	en if retired)				_	lass.	State of lore	eign country)		12. CITI	ZEN OF WHAT	
dec Uno Uno Sirii	13.	FATHER'S NAM	ck mai:	ntenand	re S	Seafarer				AIDEN NA	AAF			US	A
irect (4) 1 (4) 1 the			illiam	De Lo	orey					ry Gal					
istant he di kind; death ce on nal di	15. \ (Yes	Wes Deceased , no or unknown)	Ever in U.S. (If yes, give	Armed Fore	ces? s of servicel	1 6. SOCIAL SECURITY	NO.	17. INFO						ADDRESS	
S 4 5 E 12		No				014-12	-0639		cord	s- US	PHS Hos	pital	, Bal	Lto, Md.	
s as if if any ced ced		18.5 19	21				OF DEATH	-	1 100	24260	y Emi	Service		APPROXIMATE BETWEEN ONSET	
Also, e of a nounc atten			OR CONS		ECTLY		ASSIVE	,	4 -		1	20015		1 1	_
ono on		(This does no heart failure, o	l moon the	made of	dying, e.g.,	(A) IMM DUE	TO, OR AS A	CONSEC	DUENCE (	PUCTU OF:	<u> </u>				
ner act pr pr mba		injury or comp	dicolion wh	ich caused	death.)					1		٠		7	
E to o			NTECEDEN			(B)	TO, OR AS	STIL	15	HUMB	T FA	1141	et	Lwi	SES
exa (3) A in w in r		rise to the UNDERLYING	abavo c	ause (A)		(C)	0	mo 16		BST	RUCTU	E L	426	3-5	VRS
lical cal ns; (3 ician as ii			- 11			(0/						D <sub>S</sub>	5 ADO		
medic burn hysi n w rem	Ĕ	OTHER SIGNIFIC	BUT NOT RE	ELATED TO TH	E TERMINAL										
# E > 0.0 0	4	19A. DATE OF	NDITION GI	19B CON	T 1 (A). DITION FOR V		ION	20 A.	UTOPSY	(Yos or No	o) 20B. IF YE	S, WERE F	INDINGS	CONSIDERED DEATH?	
U # > 0	ERTIFIC	0 N/1	4	WAS PERF	N/				NO		IN CERTIF	NING CAL	JSES OF	DEATH?	
	CAL C	21A. ACCIDEN OR CONTRIBUT DEATH (notify	ING CAL	SERLYING T	21 B. hom elc.)	PLACE OF INJ e, form, foctory	JURY (e.g., in	or obout	21C. WH	ERE DID OCCUR?	(IF 1)	n Boltimore	City, giv	exoct location)	
9.2 - 3 - 4	000	- The second of the		oy) (Yeoi)	)	INJURY OCC	/A		21F. HOV	V DID IN	J/X	9			
9 - 0	ME	OF INJURY (APPROX.)	11	/	Whi		Not While	П		1 1/2	L_	4			
00 2 2 2 4		22. I certify t	hot (I) (thi	s hospital		7.			15	10/1	19 69_to	AT.	uly 2	7. 1	9.69
0000		that (I) (we)							69				2412	h occurred o	
0 2		ond hour ond	from the c	ouses stot	ed obave. (I	) (We) (did) (	did not) vi	ew the I	body aft						
deat deat deat must		23A. SIGNATUR	E ()	00	0 0	1							23B, DAT	E SIGNED	
a h cci		22C PHYSICIAN	5 Cm	N 90	2 Lu	m) .	Aften Phys.			ctor 🗆	Phys. XX		7.	-24-6	9
was r An a L at prior		PHYSICIAN NAME TY	pel la la	T. "	C - 1	1447	2	US .		lospita	al, Bal	to. M	d.		
-	24A	BURIAL CREA	IATION, 24	DATE	24C.NA	ME OF CEMET	DEGREE ERY of CRE		-		OCATION		y, town, o	r county!	(Slote)
		Burial		7/29/6											
This certification of the body shows: (1) was D.O. deceased written a	25A	PATE NEC'S	TOK OF THE	DEPT.	258 NAME O	F REGISTRAR	7	25C, I	UNERAL	DIRECTOR	pactimo	ne M	arylo	and ADDRESS Mill Ro	
H= 303		OOLNJ	1000	المالحية و	· Vaiber	M.D.	3	18	1. Sx	ansbu	y 6411	Win	dsor	Mill Ro	<i>t</i> .
	VS 1	150-REV. 1/1/6	8												

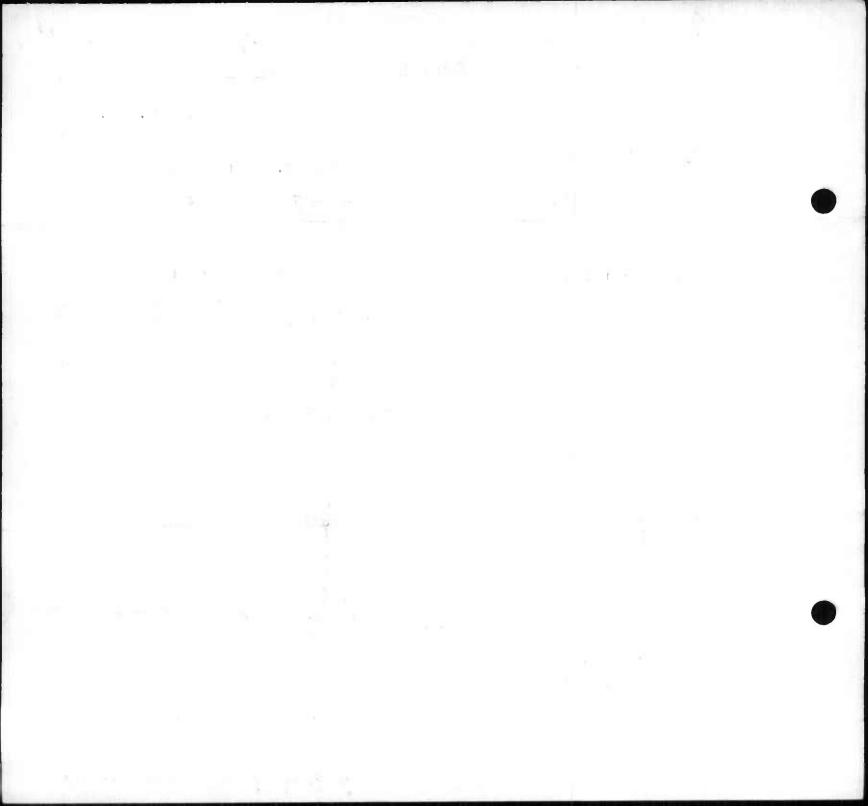


5-325 69 7649	BALTIMORE CITY	HEALTH DEPARTMENT		00	170.40
	CERTIFICA	TE OF DEATH	REG. NO	03	7649
BIRTH NO.  1, NAME OF DECEASED			D HOUR OF DEATH		
Steck man Gladys	7	7-	27-69-	-	2.20 A M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where	o deceased lived. If ins	stitution: residen	ce before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	N. GIVE STREET	Mol-	Bas	166	53-00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN,	D. INSI	DE CITY LIMITS	
SINAI HOSPITAL OF BALTI	MUME	BALTIMOR	<i>t</i>	YES	ио 🔀
423		E. STREET AND NUMBER 8415 Bell	ona Kan	#4	
5. SEX 6. RACE 7. MARRIED N	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years ost birthday)	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
Lemale white WIDOWED	DIVORCED	7-7-1895	74		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN C	OF WHAT COUNTRY?
Housewife Home		Maryland 14. MOTHER'S MAIDEN NAM		U	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE		
Agusta Staubitz		Mary E. Berr	ett		
	SOCIAL	17. INFORMANT		ADD	PRESS
no	SECORITY NO.	Donald L. Stevk	man, Sr20	023 Wood	Lawn Dr.
18.412 4 N- L 88 4 X	CAUSE OF DEAT	1		APP	ROXIMATE INTERVAL EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	3	7 6 0 11 7			
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	MIMMEDIATE CAL	ISE A. S. C. V. I	/		
heart failure, asthenia, etc. It means the disease,	DUE 10, OF AS	A CONSEQUENCE OF.	11		
injury ar camplication which coused death,)  ANTECEDENT CAUSES	Frack	ure Left	Hin)		
DISEASES OR CONDITIONS, if any, giving	Distriction	A CONSEQUENCE OF:	<u> </u>		
rise to the above cause (A) stating the	So .	7			
UNDERLYING CONDITION last.	(3.	<i>[</i>			****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	R				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    JUST   Jus		······································	*************************		***
19A, DATE OF OPERATION 19B, CONDITION FOR WHIE	H-OPERATION	20A. AUTOPSY? (Yes or Not	208. IF YES, WERE F	INDINGS CON	SIDERED
NONE.		1 1010 1011	77		
OR CONTRIBUTING CAUSE OF home, for	orm, factory, street, of	fice bldg., INJURY OCCUR?	(If in Saltimore	e City, give oxac	et location)
N A	Insing Hour		ld to Robin	uson R	4,
	URY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
(APPROX.) 7 - 24-69 1245 Work	Not While At Work		ting out of	chair	
22, I certify that (I) (this haspital) attended the d	eceased fram	- 24 - 1	969 10 7	- 27	1969.
that (I) (we) last saw the deceased alive an	7-26	19.69 and the	at in (my) ( <del>out)</del> aplr	nian death ac	curred an the date
and haur and fram the causes stated above. (1) (W	e) (did) (did nat) v	iew the bady after death.			
23A. SIGNATURE	11.2			23B, DATE SIG	INED /
J. Dangeras	DEGREE Phy	ending Med. Director	Phys.	7-21	167
J. Banderas 23C. PENSICIANS NAME (Type) TULIO BANDERA	1 M.D.	SINAI HOSPI	TAL of B	BALTI	MORE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CRI	EMATORY 24D. LC	CATION (Cit	ly, town, or cou	ntyl (State)
burial 7-30-69 Love	naine	Was	dlaum Ral	timara	Manuland
burial 7-30-69 Love 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI 29 1969 Vober E. Janker	EGISTRAR M.D. ()	Wood  25C. FUNERAL DIRECTOR  Office of the control	burn Ca 6	111111):nd	DDRESS Mill Rd
VS 150 REV 1/1/48	The state of the s	Join J. Stars	oung, sh0"	TIIWLILL	BUT FILLE NU

Moving Book Liberty 82 to Robinson Eld.

7 - 24-49 126

	11 1 2 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	TE OF DEATH REG. NO.	9 7650
	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	MAGASKIE ANNA	7-25- 69	1 2:45 P M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions A. STATE & COUNTY	residence before admission!
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTO.	
	INSTITUTION	BALTIMORE D. INSIDE CITY	- 44
	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER 7817 ST. CLAIRE LANE	J NOW
	FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9-12-09  9. AGE (In yours lil Um Manth	dei 1 Yı. Il Undei 24 Hrs. s Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ANDREW SWITZER	ANNA POLTANIEVICH	
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknawn) (II yes, give war ar dales af service) SECURITY NO.	17. INFORMANT Shamaken Pa	ADDRESS
		aucas Frenerel House	Jas Poll
	18.753.11 CAUSE OF DEATH	1	APPROXIMATE THERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	illemia	100000
	(This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	10000
	injury or camplication which caused death.)	0. 0. 0.	
	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS	4 CMITTIC HENAL UNKASE	
	rise to the above cause (A) stating the	A CONSEQUENCE OF:	
	ONDERLING CONDITION Task (C)		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (a).		
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING	S CONSIDERED
	U 21 A. ACCIDENT WAS UNDERLYIND   21 B. PLACE OF INJURY (e.g., in home, larm, lactory, sireet, alf	110	
	DEATH (natily medical examiner) etc.)	ice bldg., INJURY OCCUR?	ve exact location)
	21D.TIME (Manihl (Doy) (Yearl (Hour) 21E INJURY OCCURRED  (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?	
I	Wark L. At Work	U.7/2 10 7/2	20 11
	22. I certify that (I) (this hospital) attended the deceased from	19 67 10 / 2	19.69
	and how and from the causes stated abave. (!) (We) (did))(did nat) vi	19. and that in(my) (our) opinion dec	ith occurred an the date
	23A/SIGNATURE 23A/SIGNATURE		TE SIGNED
	Atten Phys.		
		3D. ADDRESS	1000
	A SUBIAL CREMATION IN CHARLY RECE GEORGE	550 N. BROADWAY	BALTO
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM	MATORY 24D. LOCATION (City, Marin,	or caunty) (State)
2	5A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	1º Ce.
	JUL 29 1969 Robert E. Farker 200	Lyn , Tenhues 9	ADDRESS
V	\$ 150-REV. 1/1/68		



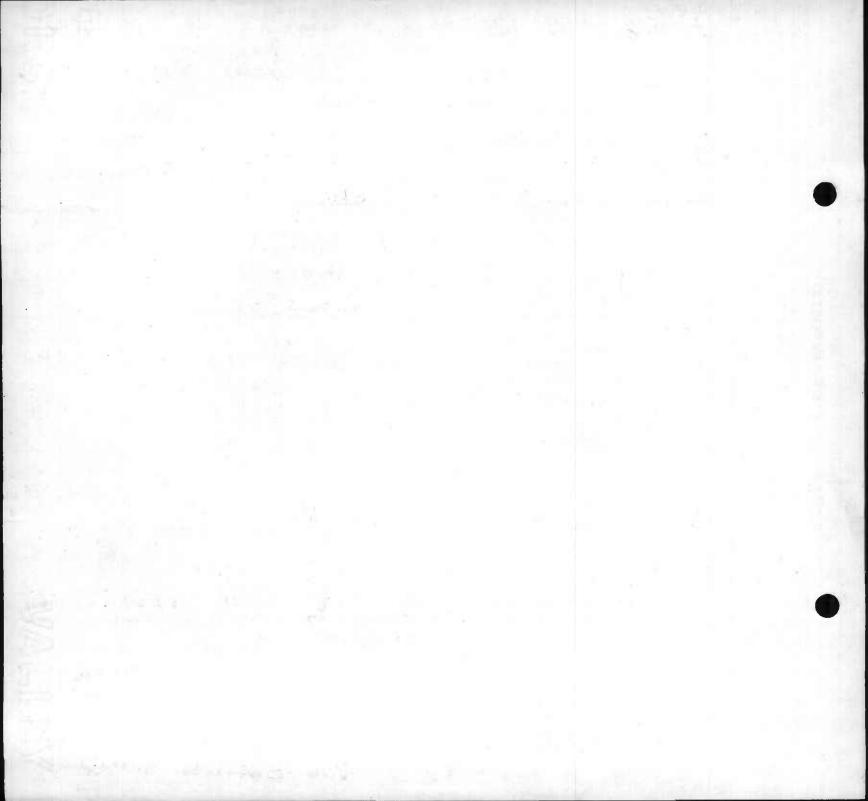
B-652	39_7651_	BALTIMORE CITY HE		OF DEAT	ш	
BIRTH NO.	MEDICAL E	XAMINER'S	LEKTIFICATE	OF DEAT	REG. NO.	9 7651
1. NAME OF DECEASED			2. DATE Known	Manth .	Day Y	ear Hour
(Type or Print)	George Burn	s	OF DEATH Estimate	ed 🗆 7	26 69	1:40 ам.
4. PLACE IN BALTIMORE, MAR			3. DATE	Month		ear Hour
FULL NAME OF (IF NOT HOSPITAL ADDRES OR INSTITUTION	IN HOSPITAL OR INSTITUT S OR LOCATION)	ION, GIVE STREET	5. USUAL RESIDENCE	7	26 69	
Frank	lin Square H	ospital	A. STATE Maryla		B. COUNTY	903
6. SEX 7. RACE		NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY LIM	ITS?
male white	WIDOWED	DIVORCED	Baltimo	ore	YES 🐷	NO 🗆
		Inder 1 Yr. If Under 24 Hrs.	E. STREET AND NUM		7	
6-22-1900	69		1604 N	CHenry St		
11. BIRTHPLACE (State or fareign		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
Md.				? /		
14A.USUAL OCCUPATION (Give dane during mast of warking life, eve	kind af wark 14B. KIND OF n if retired)		15. MOTHER'S MAIDE	N NAME		
Laborer.	S ADMED EODOFS2	?	18. INFORMANT	- 7	ADDRES	•
(Yes, no ar unknown) (if yes, give we		SECURITY NO. 218-09-8521	John W.Burns	s. 1427 W.		
19. // /		CAUSE OF DEA	·			APPROXIMATE INTERVAL
DISEASE OR CONDITION  LEADING TO  (This does not meen the inheer follure, estheria, etc., injury or camplication which  ANTECEDENT C  DISEASES OR CONDITIO  RISE TO THE ABOVE CAU	DEATH node of dying, e.g., It means the disease, caused death.)  AUSES NS, IF ANY, GIVING	(A)IMMEDIATE C DUE TO, OR A	Sclerotic car CAUSE AS A CONSEQUENCE OF:		ar disease	
I INDERIVING CONDITION		(c)				
OTHER SIGNIFICANT CONTO THE DEATH BUT NOT TO DISEASE OR CONDITION OF DISEASE O	DITIONS CONTRIBUTING		onary emphyse	ema		
20A. DATE OF OPERATION		WHICH OPERATION W	AS PERFORMED		21.	AUTOPSY? (Yes or No)
						no
22A. EXTERNAL CAUSE V		PLACE OF INJURY(e.g., e, farm, foctory, street, affic	in or about 22C. WHERE e bldg., eic.)	DID (if in Baltimar	e City, give exact local	
UTING CAUSE OF DEAT  22D. TIME (Month) (Do		22E,1NJURY OCCURRED	205 1101115	ND INTHINY OCC	100	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE WHILE	DID INJURY OCCL	JK?	
23.						
i certify that he	ld an inquiry L	Inspection K Au	tapsy and tha	t on this basis,	deoth in my opini	on
resulted from: No	tural causes X	CC dent Suisi	de Hamicide 🗌	Undetermin	ned manner	
11/1/	2 1	Wh -	CHIEF MED	ICAL EXAMINER		DATE SIGNED
ACTUAL SIGNATURE	Myh	M.D	ASSISTANT MED	ICAL EXAMINER		DATE STOTES
EXAMINER'S WAME (Type) W	erner U. Spi	tz, M.D.	ASSOCIATE MED Deputy Chief	Medical E	 xaminer	7/26/69
24A. BURIAL CREMATION, 24		4C. NAME of CEMETERY		24D. LOCATION		
Burial.	7-30-69	Codem U411		4 4 5		
25A. DATE REC'D BY HEALTH D		Cedar Hill.	25C, FUNERAL D	A.A.Co	ADDRES	SS
- 4000	West E. Jaile	E ed 193	Paul F C	anagath T	- 2615 al	

VS 151-REV. 1/1/68

Paul E.Chenoweth Jr. 3615 Chestnut Ave.

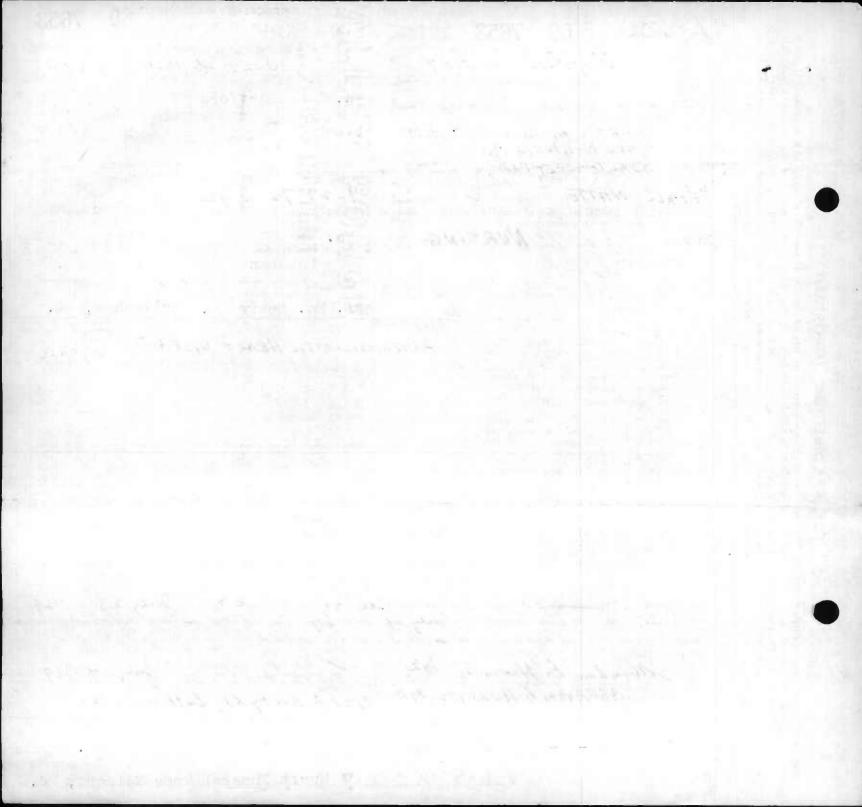
\* 0 .al becomes. Sel . man. . anna 127 - 7- 15. LEVI CONTRACT POSTERS OF THE PARTY OF THE PA . The Lateral 0,55,1,5 . which are to a construction . The

	Y HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO. 99 7652
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whose deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	c. CITY OR TOWN D. INSIDE CITY LIMITS?
Pleasant Madon Nursing + Convolsent Ho	0 54
04615 Park Heights ave.	E. STREET AND NUMBER 1614 Eulow Place
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
Female white WIDOWED DIVORCED	85) 85 lost birthdoy Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Jahres USQ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry	nuna
15. Was Deceosed Evel in U. S. Armed Forces?  (Yes, no or unknown) (Heyes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) He yes, give wor or dotes of service) SECURITY NO.	Mr. Front Schooler Same
18.// CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Generalized Carcinena 4 months
IThis does not meon the mode of dying, e.g., heart failure, osthenio, etc. II means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
	(in my ) 0.00 / 1984 3
DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR A	SACONSEQUENCE OF: ) OVAY
rise to the obove couse (A) sloting the	,
UNDERLYING CONDITION lost. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUS	office bldg. INJURY OCCUR?
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY  While At Not Wh	ile 🗀
Work LI AT WOR	
22. I certify that (1) (this hospital) ottended the deceased from	16
that (I) (we) lost sow the deceased alive on	19 65 and that in(my) (our) apinion death accurred on the date
and hour and from the couses stated obove. (1) (We) (did) (did not)	view the body ofter death.
23A. SIGNATURE	tending Med. Staff
DEGREE	ys. Director Phys. 17/26/69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DEGRE	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMAJORY 24D. LOCATION (City, town, or county)
Cremelin /28/6/ Landon	Vinc Batte
111 2.9 1969 Paled C. Jabel M. O	25C. FUNERAL DIRECTOR Son 9610 Revolution
VS 150-REV. 1/1/68	Man Damen



# This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

BIRT	-600	69 765		ATE OF DEATH	REG. NO.	76
	H NO.			AL OI DEATH	HOUR OF DEATH	
1. N /	AME OF DECEASED MA	IGGIE L	-OWRY			9:201
	LACE IN BALTIMORE, MARY			4. USUAL RESIDENCE (Where d	eceased lived. If institution: resi	dence before
E111	L NAME OF (IF NOT II	N HOSPITAL OR INST	TITUTION, GIVE STREET	A STATE B. COUNTY Staf	ford	1-4
HO!	SPITAL OR ADDRESS	OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIM	ITS?
			SCENT HOME	Brook	YES 🔀	NO 🗌
0		ORTONIA R	P.	E. STREET AND NUMBER		
5. \$1		TORK MD	D NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years   If Under	Yr. If Und
	EMALE WHIT	WIDOWE	Land Land		birthdoy Months D	oys Hours
10A.	USUAL OCCUPATION (Give I	kind of work 10B. KIND		11. BIRTHPLACE (State or foreign	country) 12. CITIZE	N OF WHAT
	during most of working life, even		RSING	Va.	US	٨
	UTSE FATHER'S NAME	1001	(3/NG	14. MOTHER'S MAIDEN NAME	0.5	ZX
	Unknown			Unknown		
15. V	Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes,	,no or unknown) (If yes, give v	vor or dotes of service	NO	Mrs. Wm. Lowry	Sr. Cheltenh	am. Md
	1B		CAUSE OF DEA			APPROXIMATE I
NO	rise to the obove co UNDERLYING CONDITION  II OTHER SIGNIFICANT CONDIT	N lost.	(c)			
V	TO THE DEATH BUT NOT REL	PART 1 (A).		[60 A	000 IP WE 11500 001001	ONCIDENCE
ERTIFIC	19A. DATE OF OPERATION	198. CONDITION FO	R WHICH OPERATION		OB. IF YES, WERE FINDINGS OF DECENTIFYING CAUSES OF DE	EATH?
CER	21A. ACCIDENT WAS UND	ERLYING 2	21B. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(If In Boltimore City, give	exoct location)
AL	OR CONTRIBUTING CAUS		nome, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
1 5 2 7	21 D. TIME (Month) (Do	oy) (Yeor) (Hour) 2	TE, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
EDIC	(APPROX.)	,	While At Not Wh	k 📙		
		hespital) ottender	d the deceased from	Dec 31 196	3 to July 2	
	22. I certify that (1) (this		Λ			1
MEDI	22. I certify that (1) (this that (1) (we) last saw the		n July 2/	19.69and that	in (my) (our) opinion death	
	that (1) (we) last saw the	e deceased alive or		view the body ofter death.		occurred or
MEDI	that (1) (we) last saw the	e deceased alive or	. (I) (We) (did nat)	view the body ofter death.	238, DATE	
MEDI	that (I) (we) last saw the	e deceased alive or	(1) (We) (did) (did not)	view the body ofter death.  tending Med. Sk Director Ph		occurred or
MEDI	that (I) (we) last saw the	e deceased alive or	(1) (We) (did ) (did not)  wety MD A  DEGREE  PH  PRW772 M. D	tending Med. Ships.  23D. ADDRESS  750/ Liberty		occurred or
MEDI	that (I) (we) last saw the and hour and from the co 23A. SIGNATURE  LUCARA  23C. PHYSICIAN'S NAME (Type) ABR	n by Huz ANAM B. Hu	(1) (We) (did) (did not)	tending Med. She Director Ph	of July Sel Baltinere	signed 24 196
WED 24AA	that (I) (we) last saw the and hour and from the co 23A. SIGNATURE  LUCARA  23C. PHYSICIAN'S NAME (Type) ABR  BURIAL CREMATION, 24B. REMOVAL (Specify)	n Br Huz ANAM B. Hu DATE 24C.	(1) (Wo) (did ) (did not)  wetz M. D.  peghee  P.  P.  P.  P.  P.  P.  P.  P.  P.	tending Med. Shorter Laborator Photostar Shorter Short	of July Sel Baltinere	SIGNED 24 (S) M. A. county) Va.
24A	that (I) (we) last saw the and hour and from the co 23A. SIGNATURE  LUCARA  23C. PHYSICIAN'S NAME (Type) ABR  BURIAL CREMATION, 24B. REMOVAL (Specify)	o deceased alive and above.  The state of th	(1) (We) (did not)  WEY MED A  DEGREE  NAME OF CEMETERY OF C	tending Med. Shorter Laborator Photostar Shorter Short	Soft July  Cl. Baltinere  ATION (City, town, or	SIGNED 24 191 M. A. county)



7-242	69 7654	BALTIMORE CITY HEALTH DEPARTMENT
200	MEDICAL	EXAMINER'S CERTIFICATE OF DEA

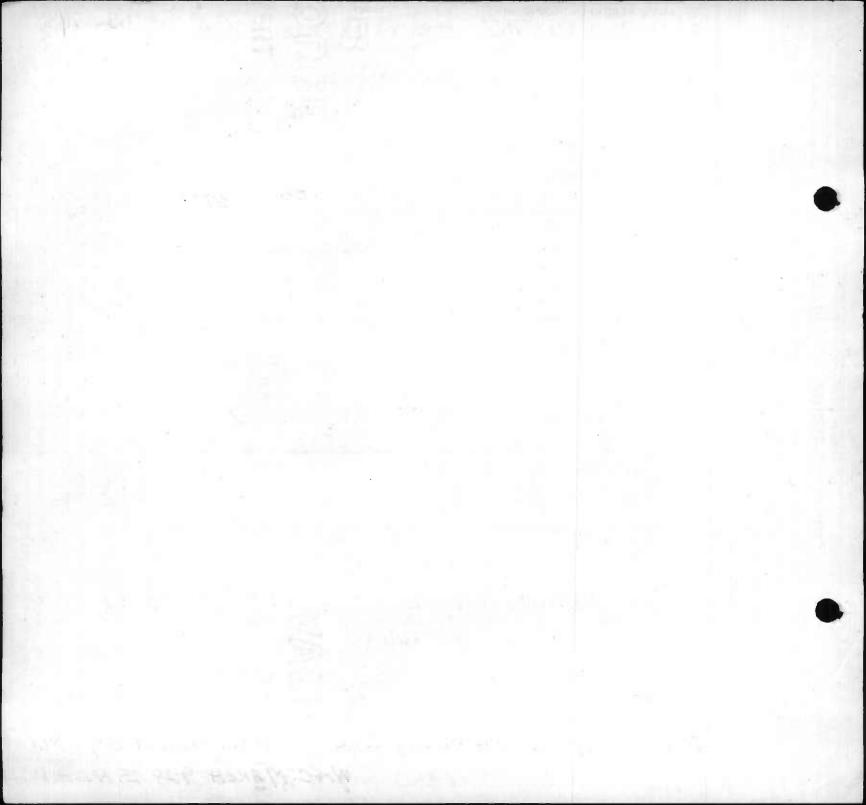
9	7654

BIRTH NO.								REG. NO.			
I. NAME OF DEC		W.			2. DATE	Known 🔼	Month	Day	Year	Hour	
Type of Film)	WILL	IAM DO	UGLA	S	OF DEATH	Estimoted	July	25, 196	9		м.
	TIMORE, MARYLAN				3. DATE	OUNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NOT IN HO ADDRESS OR	DSPITAL OR I	INSTITUT	ION, GIVE STREET	PRON	OUNCED DEAD	July	25. 196	9	2:38	А. м
OR INSTITUTION				(201)		RESIDENCE (Where		ved. If institution:			
	Mercy Hosp	ital		(DOA)	A. STATE	Maryland		B. COUNTY		60	4
. SEX	7. RACE	8. M	ARRIED	NEVER MARRIED	C. CITY C	OR TOWN		D. INSIDE CIT	Y LIMITS?	00	-
Male	Negro		OWED			Baltimore		VE	s 🐴	NO 🗆	
DATE OF BIRTH		GE (In years		nder I Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		YE	2 [	NO	
7-31-14	d lost b	54	Mon	ths Doys Hours Min.		421 N. Wol	fe St	reet			
	lote or lareign coun		12	CITIZEN OF	13 FATHI	ER'S NAME					
Marylar				WHAT COUNTRY?		cob Dougl	99				
		I work I AR W	IND OF	BUSINESS OR INDUSTR							
one during most of w	vorking life, even il re	tired)	IND OF	DOSINESS OK HADOSIK	J.S. MOII	ILK 3 MAIDEN NAI	VIE				
****						orence					
	ED EVER IN U.S. A			17. SOCIAL SECURITY NO.	18. INFO	RMANT		AC	DRESS		
				213-05-805	6Mrs.	Beulah I	ougle	13 421	N. W.	olf S	t.
19.	SE V			CAUSE OF DEA					A	APPROXIMATE IN	VIERVAL
DISEASI	E OR CONDITION	DIRECTIV									
	LEADING TO DEAT			(A)IMMEDIATE	GALLER G	unshot wour	nd of	head			
(This does no	of mean the made	of dying, e.	.9.,		CAUSE	EQUENCE OF:					
injury or com	, osthenio, etc. It med aplication which cous	ed deoth.)	se,								
1	NTECEDENT CAUS			(B)	AS A 20 N	SEQUENCE OF:					
RISE TO THE	OR CONDITIONS, I	A) STATING	NG THE	DUE 10, OK	AS A CON	SEQUENCE OF:					
ZUNDERLYIN	NG CONDITION L	AST.		(c)			**********				
2	II										
OTHER SIGN	IIFICANT CONDITIO	NS CONTRI	BUTING								
DISEASE OR	CONDITION GIVEN	IN PART 1	(A)-	***************************************							
OTHER SIGN TO THE DEA DISEASE OR	OPERATION 208.	CONDITIC	ON FOR	WHICH OPERATION W	AS PERFOR	RMED			21. AUTO	OPSY? (Yes	or No)
										Yes	
	NAL CAUSE WAS		228.	PLACE OF INJURY (e.g.	In or obout	22C. WHERE DID	(II in Boltimo	re City, give exoc	1		1
UNDERLYING	OR CONTRIB-		hom	PLACE OF INJURY (e.g. e, lorm, loctory, street, off)	e bldg., etc.)	417 E. Ba	altimo	re Stree	t- (Cr	vetal	Barl
UTING CA	(Month) (Doy)	(Year) (H	dour) la	Tavern 2E.INJURY OCCURRED		22F. HOW DID IN			- (01	ystai	Dul)
OF INJURY			, , ,		WHILE			On!			
	/25/69 2:	:10 A.	• m. \	WORK AT	VORK	Shot sel	[				
23.	16 4 - 1 1 - 1 1				. [7]						
1000000	ify that I held or	-			topsy X	and that on the	nis basis,	deoth in my	opinion		
result	ted from: Noturo		A A	celdent Suici	de X			ned manner			
	00	1	1	1,0		CHIEF MEDICAL E	XAMINER	_		DATE SIG	NED
SIGNATU		1	110	Fest M.	AS	SISTANT MEDICAL E	XAMINER	X		DAIL SIG	450
EXAMINI		100 6	Cnw-	ingate, M.D.	,	SOCIATE MEDICAL E	XAMINER	☐ T <sub>11</sub> 1	v 28	1969	
NAME (T	уреј	les 5.						_ Jui	y 20,	1707	
24A. BURIAL CREA	MATION, 24B. DA	ATE	24	IC. NAME of CEMETERY	or CREMA	TORY 24D.	LOCATION	(City, town,	or county	(Sto	te)
CLINICA A MI CODOCII	4					100					
45	fy) 7/1	29/10		ML Calican	des		nno 1	12 11 10 ml 2	1 (17	to K	7.1
Buridl	7/3	29/49	NAME	Mt. Colvery			nne /	runder	107	ty. K	12,
Buridl	BY HEALTH DEPT.			OF REGISTRAR	250	FUNERAL DIRECTO	OR .	AL	DRESS	ty. K	12,
Buride	BY HEALTH DEPT.	29/69 258 & E. Fo		OF REGISTRAR	250		OR .	, , ,		ty. K	AL

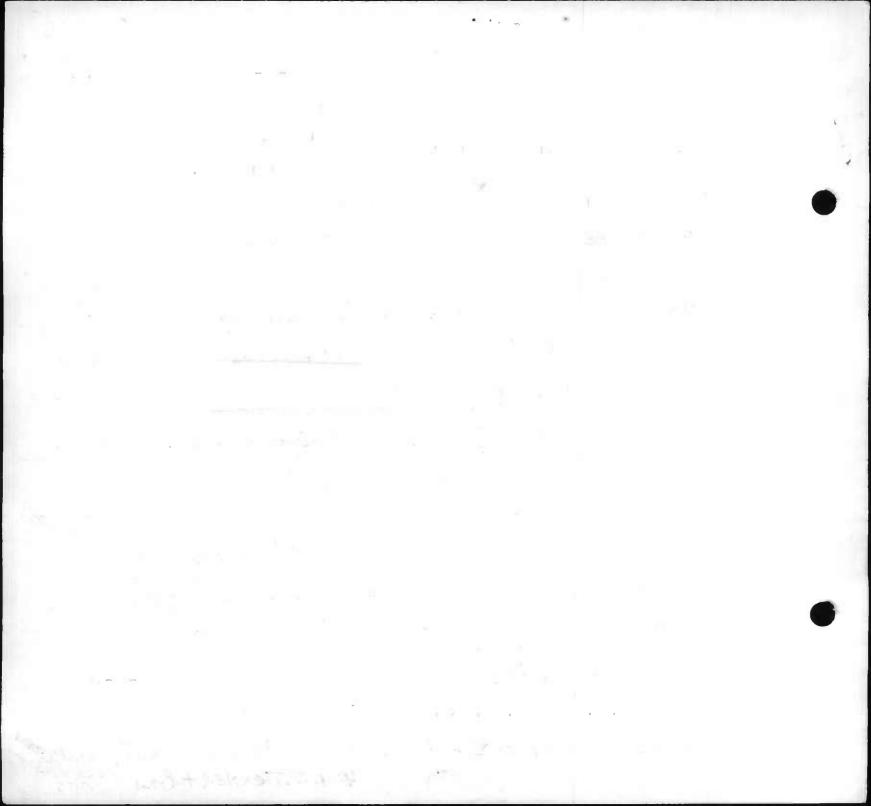
Att. Ale-Somether Device Develor will s. Lold br.

This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	ed to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	oital (except where the physician who pronounced death was in regular attendance on the	ath); and (6) No physician was in regular attendance on the deceased prior to death. Such 👛	written approval must be obtained before the remains are embalmed or final disposition is made.	
must be approved t	eleased to the hosp	ccident of any natur	a hospital (except v	to death); and (6)	al must be obtained	
This certificate	the body was r	shows: (1) An a	was D.O.A. at a hospital	deceased prior to death)	written approv	

BALTIMORE CITY HEALTH DEPARTMENT											
P10	H-626 69 7655 CERTIFICATE OF DEATH										
	AME OF DECE	ASED	-		2. DATE AN	D HOUR OF DEATH					
(Ту	e ar Print)	Μ.,	How	VARD HORS	SRY 2.30 P.M / 7/25/69. M.						
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL			e deceased lived. If in	stitution: residence before admission)				
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	SA D. INSI	DE CITY LIMITS				
1	11-1	UTHERAN	Hospi	TA) OF MD	BALTIMORE YES V NO						
	10	OTHERAIN	.,037		3625 Gel	ston Driv	e				
S. 5		6. RACE NEGRO	7. MARRIED	NEVER MARRIED	1 10 00	9. AGE (In years last hirthday)	It Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.				
	MALE		WIDOWED	DIVORCED	11. BIRTHPLACE (State or fare)	69 Yrs	12. CITIZEN OF WHAT COUNTRY?				
		rarking life, even if retired)	IUB, KIND OF	BOZINEZZ OK INDOZIKI							
	LAI	BOURER			MD - U.	SA.	American				
13.	FATHER'S NAN	NE ?	)		14. MOTHER'S MAIDEN NAM	> P					
15.	Was Deceased	Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	for.	ADDRESS				
110	7	yes, give war or date	)	218 -10- 396	IT Mus	CECLIA	Call Alsquith				
-	18.7	> O I		CAUSE OF DEATI	H 11175.	CECLIA	APPROXIMATE INTERVAL				
		E OR CONDITION DIE	RECTLY		4.1	4.	BETWEEN ONSET AND DEATH				
		LEADING TO DEATH		(A)IMMEDIATE CAU	Use Graemia 3-0 Days						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)										
	ANTICEDENT CAUSES AND A COLOR A										
	DISEASES OR CONDITIONS, if any, giving  DUE TO OR AS A CONSEQUENCE OF:										
ise to the above cause (A) stating the UNDERLYING CONDITION lost.  (A) Stating the UNDERLYING CONDITION lost.											
		11		"	1		- Listupanee				
ATION	TO THE DEATH	CANT CONDITIONS COL BUT NOT RELATED TO THE ENDITION GIVEN IN PAR	HE TERMINAL	Janens	he mal live	in desle	226				
FICA		OPERATION 198, CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED				
CERTIFIC	2										
CALC	OR CONTRIBU DEATH (notity	T WAS UNDERLYING TING CAUSE OF medical exominer	] 21 B. hom etc.	ne, farm, factory, street, of	n ar obaut 21 C. WHERE DID fice bldg., INJURY OCCUR?	(It in Baltimore	e City, give exact location)				
10	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
ME	(APPROX.)		Wh	ite At Nat While	e 🗍						
	22. I certify	that (I).(this hospital			7. 22.	19 69 to	7.25 1969,				
		last saw the decease		and the property			nian death accurred an the date				
	23A. SIGNATU		4		iew the bady after death.		23 B. DATE SIGNED				
	7.25.69										
Oleur Hunau M.D. Attending Med. Stoff Director Phys. 7.25.69  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS											
	NAME (1)	Dr. ZAHBE	O AHM	ankuan man	40 Lulheran	Hospile	al				
24/	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (State)										
	Burid	7/:30/	69 M.	+. Colvary	em A	nne Arone	el ct. Md.				
25/	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
	1111 2	9 1969 Rober	BE. Jack	Seu Ma	WM.C.MA	RCH 928	8 E. North Ane				
VS	150-REV. 1/1/6	В			1 1 1 1 1						



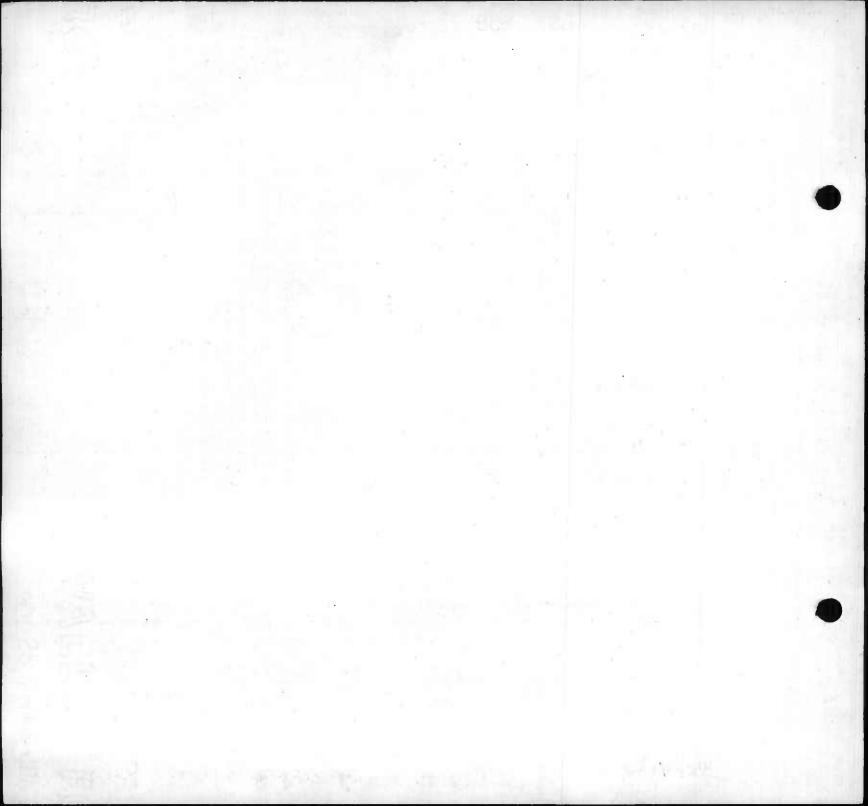
	7 2 2 7 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2	Y HEALTH DEPARTMENT	69 7656							
BI	CERTIFICA	TE OF DEATH REG. NO	7000							
	NAME OF DECEASED DE LE POLITICIONE	2. DATE AND HOUR OF DEATH	1							
	Kerz Repecca	7-28-69	8 p.m. M.							
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If	institution: residence before admission							
E	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND	2582.							
IIN	OSPITAL OR ADDRESS OR LOCATION) STITUTION		SIDE CITY LIMITS?							
1	THE JOHNS HOPKINS HOSPITAL	BALTIMORE, MARYLAND	YES NO .							
	THE CORNS HOPKINS HOSPITAL	E. STREET AND NUMBER								
=	SEX 6. RACE 7. MADDIE OF SIEVED MADDIES	1711 LETITIA AVE.								
	MARKIED X NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.							
11	EMALE WHITE WIDOWED DIVORCED LANGUAGE OF INDUSTR	6-7-89								
	ne during most of working life, even if retired)	11. BIRTHPLACE (Stole or loreign country)	12. CITIZEN OF WHAT COUNTRY?							
	HOUSEWIFE	MAKYLAMO	USA							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Unknown	Unknown								
15. (Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL s, no of unknown (If yes, give wor or dates of service)  55CURITY NO.	17. INFORMANT	ADDRESS .							
	NO 220-46-6	TO KATHIESKI RAV B	2 Hyden ce							
	18. CAUSE OF DEAT									
1	DISEASE OR CONDITION DIRECTLY	Ctanio Cerebral My	U - Y BETWEEN ONSET AND DEATH							
	LEADING TO DEATH	JSE TO HOMODENAGO	<b>≸</b> DAYS							
	This does not meen the made of tring, do.g., DUE TO, ON AS A CONSEQUENCE OF:									
	injury or camplicolian which coused death J									
	ANTECEDENT CAUSES ) A Proposite cours									
	DISEASES OR CONDITIONS, II on giving Due TO, OR AS A CONSEQUENCE OF:									
	underlying condition lost	OC ON THE REAL PROPERTY OF THE PARTY OF THE	all -45-days							
	II SEE Z	***************************************								
No.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).									
=	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED							
CERTIFICATION		100								
AL O	21A. ACCIDENT WAS UNDERLTING 218. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID (If In Boltime fice bldg., INJURY OCCUR?	ore City, give exoc locos of							
2	DEATH (notify medical examined) Home	1711 Letitia Avenue	21230 2 5							
MEDIC	21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURT OCCURRED	Patient fell down 1	0 stone 20							
<	(APPROXI July 13 1969 lam While At Not Whit	misstep in dark								
		The state of the s	July 28 19 69							
	that (I) (see lost sow the deceased alive on July 28	10	Inion deoth occurred on the date							
	ond hour and from the couses stated above. (1) (Mg) (did) (did)	20,230	decin deconed on the dole							
	23A. SIGNATURE	Tew The Sody Office deoffic	23B, DATE SIGNED							
		nding Med. Staff X	7-28-69							
	23C-PHYSICIAN'S NAME (Type)	23 D. ADDRESS	7-20-09							
	N. F. ADKINSON, JR. M.D.	JOHNS HOPKINS HOSPITAL								
24/										
	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR	MATORT 24D. LOCATION (C	City, town, or county) (Stole)							
25	DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	willem Carrolla	oranly MM.							
11237		25C. FUNERAL DIRECTOR	O North & PA.							
쀠	11 3 0 1969 Nober E. Harber 162 9 11 1	THE WERNER TO	roma Ares.							
4.00										



17.26 69 7657. BALTIMORE CITY HEALTH DEPARTMENT	CO DOER
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	H <sub>REG. NO.</sub> 7657.
1. NAME OF DECEASED (Type or Print)  STANLEY MACAREVICH, SR.    2. DATE   Known   IX   Month   OF   DEATH   Estimated   July 2	7, 1969 Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD July 2	7, 1969 Year Hour 6:30 P.
OR INSTITUTION  5. USUAL RESIDENCE (Where deceased liv	ed. If institution: residence before admission)
Maryland	B. COUNTY 701
Male White Widowed Divorced Baltimore	YES A NO
9. DATE OF BIRTY (10.AGE (In years I Under 1 Yr. II Under 24 Hrs. E, STREET AND NUMBER Months Days Hours Min.	110 (2) 110 (2)
11. B/RTHPLACE (State or Jorgen puntry) 12. CITIZEN OF 13. FATHER'S NAME	reet
Freeland Genna, whose St. A. Conthony Mac	arevich
dane during mosted warfield lile, 19 all (Arted)	10
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn) (II yes, give war or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT SECURITY NO. 18. INFORMANT MACAZONICE	(Pon) Curbeyst
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular LEADING TO DEATH  (A)IMMEDIATE CAUSE	disease
(This does not mean the mode of dylng, e.g., heart lailure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
Z22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (il in Baltimore hame, farm, lactory, street, ollice bldg., etc.) INJURY OCCUR?	No.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCU	R?
(APPROX.)  m. WHILE AT WORK  AT WORK	
I certify that I held an Inquiry Inspection X Autopsy and that an this basis, of	
CHIEF MEDICAL EXAMINER	ed manner
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER L	July 28, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. TOCATION PREMOVAL (Specify) 24D. TOCATION 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUDERAL DIRECTOR	(City, lown occupity) (Stole)
JUL 30 1969 Robert E. Jaker & D. Philip Herwice	Dima Orlangot
VS 151-REV. 1/1/68	The Company of the

AROUS ENGLY . TO the same of the sa

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH and Deceased Such death BIRTH NO I. NAME OF DECEASED TE AND HOUR OF DEATH (Type or Print) LO hospital death. 4. USUAL RESIDENCE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (Where o lived. If institution: residence before admission) of attendance (2) cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION LIMITS? OR TO cause; 0 0 YES Z NO IOL contributing etermined made regular 9. AGE (In eors If Under 1 Yr. If Under 24 Hrs. Hours Min. Yr. MARRIED **NEVER MARRIED** deceased Hours WIDOWED DIVORCED S 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTH 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Und 0 Mas 13. FATHER'S NAME MOTHER'S the direct 4 assistant death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO 17. INFORM AN ADDRESS 0 final (Yes, no or unknown) (If yes, give wor or dotes of service) attendance med or fina any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ot LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular 0 heart failure, asthenia, etc. It means the disease, xaminer. embe injury or complication which caused death.) ANTECEDENT CAUSES w ho 5 4 are DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if any, giving (3) the abave cause (A) = physician UNDERLYING CONDITION fast, the remains medical Was medical П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body CERTIFIC 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before (7) 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DtD home, form, foctory, street, office bldg., INJURY OCCUR? the (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital °Z MEDICAL DEATH (notify medical examiner) etc.) 21D. TIME OF INJURY obtained (Hout) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While At Not While [ (APPROX.) and Work At Work to the any 22. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (out) apinian/death accurred on the date that (1) (we) last saw the deceased olive an pe of death) hospital ond haur and fram the causes stated above. (1) (We) (and (did not) view the body after death. was released must accident 23A. SIGNATURE 23B, DATE SIGNED must Attending [] Med. Stoff 0 Phys. 0 Director Phys. 8 230 PHYSICIAN'S 23D. ADDRESS prior approv t D NAME (Type An 4 DEGREE 24A. SURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24C. NAME of LOCATION town, or county) (State) deceased the body O. REMOVALUSP written shows: d ADDRESS OF MOS 3/



V-6/6 69 7659 BALTIMORE CITY HEALTH DEPARTMENT

/	1-6/1	6	MED	ICAI	EXAMINER'S	CERTIF	ICATE C	F DEA	TH REG. NO.	69	7659
BIR	TH NO.										
	e or Print)	CEASED				2. DATE OF	Knawn	C Manth	Day	Year	Hour
(17)	e di Timi,	Ro	bert	YAR	BROUGH	DEATH	Estimated	□ <b>7</b>	26	69	8:26 p.M.
4. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Manth	Day	Year	Haur
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						DUNCED DEAD	7	26	69	8.26 5
	OSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PESIDENCE /W	hara dasaasa	d lived. If institution		8:26 р.м.
	00					A. STATE	KESIDEIACE (	nere decedse	B. COUNTY	in: residence	derare damissian)
	00	122	6 Mosh	er S	t. /		Maryland	3		/(	001
6. 5	EX	7. RACE		8. MAR	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?	
	male	colore	h		WED DIVORCED	1	Baltimore			ES X	NO 🗆
9. [	ATE OF BIRT		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.		AND NUMBER			E3 EM	140
	11 17.	20	last birthdo		Manths Days Haurs Min.						
	4-11-	20	4	1			L226 Most	ner St.			
11.	BIRTHPLACE (S	State or fareig	on country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME	1 1			
	EX	AS			MAI COUNTRY	Ea	FIV V	arbr	DUCK	1	
144	USUAL OCCU	PATION (Giv	e kind af wark	48. KIN	OF BUSINESS OR INDUSTR			VAME	5.33	1	
dan	during mast of v					Λ	1010				
16	WAS DECEAS		LATA	FORCE	S? 17. SOCIAL	18. INFO	VNIE		A	DDRESS	
	, na ar unknawn'				SECURITY NO.	O. INFO	1/-	1	A	IDDKE33	
	YES				H59-18-9540	PAR	АН Уа	rbro	rugh		
	19.	2			CAUSE OF DEA	ATH					PPROXIMATE INTERVAL
	DISEAS	5.00.00110	ITION DIREC	TIV						100,1	TELL OF OUT THE OUT THE
		E OR COND		LILY	Hyperte	nsive o	cardiovas	scular	disease		
		at mean the		ina. e.a.	(A)IMMEDIATE		QUENCE OF:				
	heart failure	n, asthenia, etc aplication whi	. It means the	disease,	DUE 10, OR	AS A CONSE	QUENCE OF:				
	injury ar car	npucanan wni	cn causea aea	m.)							
	AI	NTECEDENT	CAUSES		(0)						
	DISEASES	OR CONDITI	ONS, IF ANY	GIVING		AS A CONS	EQUENCE OF:				
		E ABOVE CA		ING THE							
Z	ONDEREIN	TO COMPIN	OTT LAST.		(C)						
CERTIFICATION			H								
		VIFICANT CON									
E		CONDITION									
R	20A. DATE OF	F OPERATION	1 20B. CON	DITION	FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTC	PSY? (Yes ar Na)
Ö	A							no			
7	22A. EXTER	NAL CAUSE	1A/AC		228. PLACE OF INJURY(e.g.	in as about	22C WHERE D	ID /If to Bolt:	mass City style on	not location)	
EDIC,	UNDERLYING				hame, farm, factory, street, affi	ce bldg., etc.)	INJURY OCCU	R?	mare City, give ex	actracanany	
요	UTING CA										
Σ	OF INJURY	(Month) (D	Day) (Year	) (Hau	22E.INJURY OCCURRED		22F. HOW DID	INJURY O	CCUR?		
	(APPROX.)					WHILE WORK					
	23.				IN TORK AT						
	1 cert	ify that I h	eld on li	nquiry	Inspection X Au	itapsy 🗌	and that o	n this basi	s, death In my	opinian	
		1		property.							
	resul	ted from: N	atural cau	s ex (	Acc dent Suici	ae 📖 🗎	lamicide 🔲		mined manner		
	ACTION	1111/1	1,2/1	4	1/1/ -		CHIEF MEDIC	AL EXAMINE	R		DATE SIGNED
	SIGNAT	111001	WYN	11	M.I	AS:	SISTANT MEDIC	AL EXAMINE	R		
	EXAMIN	4 6		/	W.1		OCIATE MEDIC	AL EXAMINE	R		
			rner U.	Shi	tz, M.D.				Examiner		7/27/69
24/	BURIAL CRE		4B. DATE	-	24C. NAME of CEMETERY			4D. LOCATIO		n, or county	
	AOVAL (Speci	fy)	7 41	10	1 01 0			1	,	1	
et	SURIA		1-3	-64	CITY CE	in.		Yack	SONUIL	1e,	lexas
25/	DATE REC'D	BY HEALTH	DEPT)	258. 1	AME OF REGISTRAR	25C	FUNERAL DIR	ECTOR 6	R. Ballel	ADDRESS	
	JULE	0 1202	aconsi		The state of the s	11	1	11 16	119 A	70.11	C
					1 4 9 0 0	O KE	Ison IT	10 10	1 OPC	calh	oun of
	51-REV. 1/1/68	0		3	3 43 / 17	1 1		<			

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Annie Sant Yechrough

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Williams of Section and Authorities of the Calkering

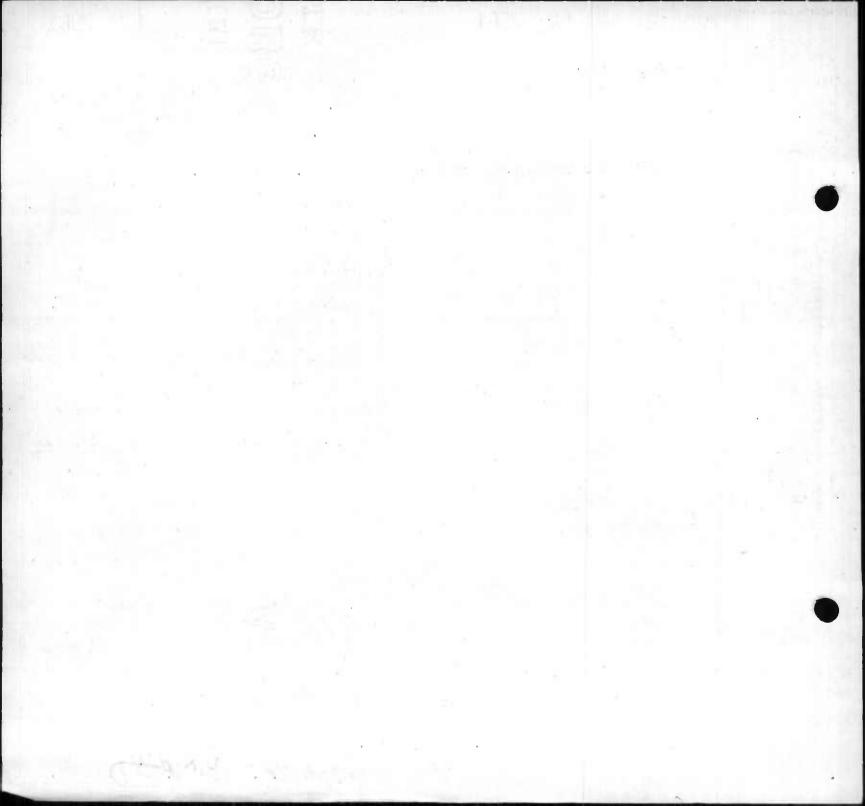
Busines Viller City Cam. Technolist, In

1	101 2115	69 7660 BALTIMORE CITY HEALTH DEPARTMENT
	W-990	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EVALUILIEDIC	COTIFICATE OF DEATH
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 69 7660
I. NAME OF DECEASED (Type or Print)  BETTY WOODLAND	2. DATE Known Month Day Year Hour OF DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD July 25, 1969 6:30 A.M.
200 S. Light - Police Boat "Intrepid"	S. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)  A. STATE  Maryland  B. COUNTY  1302
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed □ Divorced □	Baltimore YES NO NO
7-11-38 IO. AGE (In years If Under 1 Yr, If Under 24 Hrs.  Months, Days Hours Min.	E. STREET AND NUMBER  2355 Eutaw Place
I. BIRTHPLACE (Stale or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Va. What country?	James L. Wade
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY and during most of working life, even Il retired)	15. MOTHER'S MAIDEN NAME
none	Hattie
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
Yes, na or unknown) (If yes, give war or doles of service)  SECURITY NO.	Donald Woodland same
19. CAUSE OF DEA'	TH APPROXIMATE INTERVAL
# 7 f T A	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Day of the state o
(A)IMMEDIATE C	AUSE Drowning
heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES (p)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AND THE RESIDENCE OF THE PARTY
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	S PEDSODATED
O	S PERFORMED 21. AUTOPSY? (Yes or No)
■ 22A. EXTERNAL CAUSE WAS 122B PLACE OF INHURY/2	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	In or about 22C. WHERE DID (If in Baltimore City, give exact location)
UTING CAUSE OF DEATH. Water	?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 2 2 WHILE AT NOT	WHILE ?
23. m. WORK AT W	ORK (Z9) 6
I certify that I held on Inquiry Inspection Aut	
resulted from: Natural causes Accident Suicid	e Hamicide Undetermined manner X
	CHIEF MEDICAL EXAMINER
ACTUAL ( )	ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S	
NAME (Type) Anaries S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER   July 25, 1969
248. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6-30-69 Mt. Auburr	Cem Balto. Nd.
25A. DATE REC'D BY HEALTH DEPT. 26B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V.R. Balladyress
JUL 3 0 1969 1666 E. Jaiber, M.D.	Kelson F.H. 1348 Calhoun Street
- VIDEN	9 4 5 0

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1001	-454 69 71	BALTIMORE CITY	Y HEALTH DEPARTMEN	IT	60 7004						
0	450	CERTIFICA	TE OF DEAT	H REG. NO.	69 7661						
BIRTH N	OF DECEASED	CERTITION									
(Type or	Print)		2, DA1	E AND HOUR OF DEATH							
	thy, Williams	ONOUNCED DEAD	TA USUAL RESIDENCE	Where deceased lived. II i	n stitution: residence before odmission)						
FULL NA	ME OF (IF NOT IN HOSPITAL OR		4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A, STATE B, COUNTY Md.								
HOSPITA	L OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?								
	90		Balto. YES NO NO								
	70		E. STREET AND NUMBER								
Boll	om Hill Nursing& Com	allescenti Centier	1320 N. Stockton St.								
5. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs.						
F LOA USU	WIDO	OWED DIVORCED DIVORCED	6/29/27	r foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	g most ol working life, even if retired)	TO OF BOSINESS ON INDUSTRI		,	THE STREET OF WHAT GOODING						
			Maryland		USA						
	ER'S NAME		14. MOTHER'S MAIDEN								
Нс	ward Williams		Annie Kia	ìh.							
15. Wos	Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17, INFORMANT		ADDRESS						
	unknown) (II yes, give wor or dates of se	vice) SECURITY NO.	George Rob	bins 1716	Presbury St.						
110		CAUSE OF DEAT		•	APPROXIMATE INTERVAL						
18.	16.2.1	CAUSE OF DEAT			BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		nost II	Brown Rose	1 3-4 76						
(This	does not meon the mode of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:	Burgfoge	2-1200						
heor	foilure, osthenio, etc. It meons the dis		Cola	even							
111101	injury or complication which coused death,)										
	ANTECEDENT CAUSES	(B)	Am		zen						
	ASES OR CONDITIONS, if ony, to the obove couse (A) stating	giving	S A CONSEQUENCE OF:								
	DERLYING CONDITION Iosi.	(c)	arrelation		Herrs						
O OTHI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
	HE DEATH BUT NOT RELATED TO THE TERM ASE OR CONDITION GIVEN IN PART 1 (A).	INAL									
U 10 A		FOR WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED						
ERTIFI			THE SERVICE SE								
OR (	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF H (notily medical examines)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exect location)								
□ 21 D.	TIME (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
₹ OF I	NJURY ROX)	While At Not Whi									
		Work L At Work		* **	7/11/16						
	certify that (I) (this haspital) atten	1	7/17/69	719to	7/24 1869.						
thot	(I) (we) last saw the deceased alive	e on	19 6 9 ai	nd that fn(my) (our) op	inlon deoth accurred an the date						
and	haur and fram the couses stated abo	ive. (I) (We) (did) (did not)	view the bady after de	oth.							
23A.	SIGNATURE	0.0			23 B. DATE SIGNED						
	Attending Phys. Staff Director Phys. 7/25/19										
	PHYSICIAN'S	DEGREE	23D. ADDRESS								
	NAME (Type) A C.L. A.V.	H. MACHT N	m ~ 15	Ocael ST	Buts My zon						
24A BIII	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)										
	OVAL (Specily)										
	rial 7/28/69	Mt. Auburn Ce	1	Baltimore,							
25A. DA	TE REC'D BY HEALTH DEPT. 258, N.	AME OF REGISTRAR	25C, FUNERAL DIRE		ADDRESS						
	UL 3 U 1969 (16Bend E.	Tarker News	O Kelson E	H. 1348 N.	Calhoun St.						
VS 150-R	EV. 1/1/68										

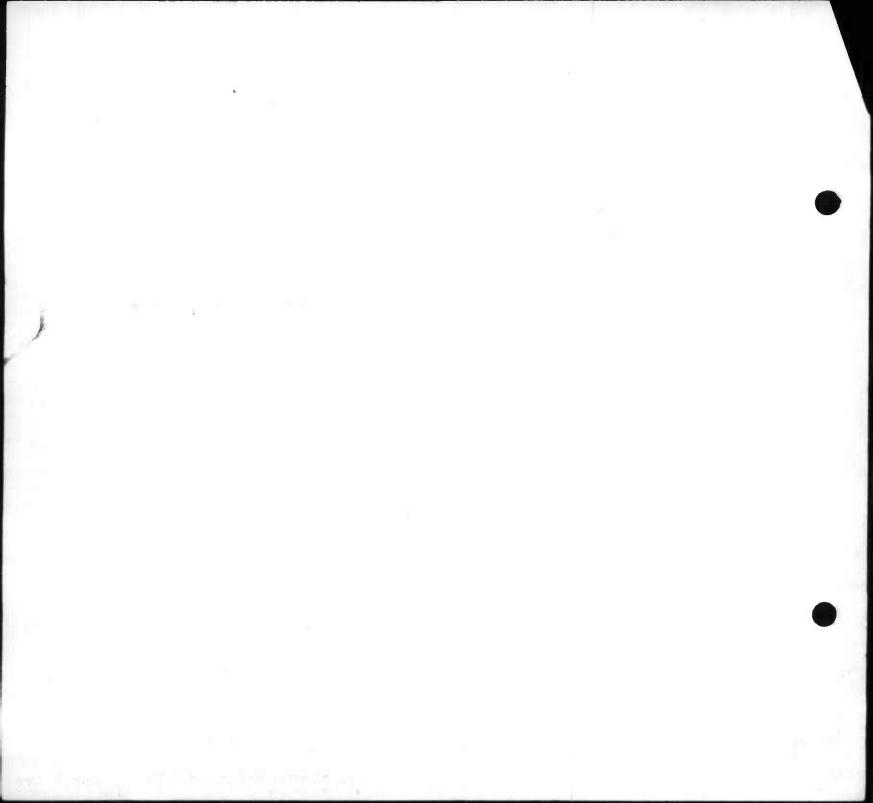


9	K-52	0	00	1004	BAL	TIMORE CITY H	EALTH DEPA	RTMI	ENT					
V	, 00		MED	ICAL	EXA	MINER'S	CERTIF	CA	TE OF	DEAT	H REG. NO.	69	76	62
	TH NO.													
I. I	NAME OF DEC	EASED					2. DATE OF		nown 🖾	Month	Doy	Yeor	Hour	
Joe Ramsey							DEATH	E	stimoted					М.
4. F	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	IIINICI	D DEAD	Month	Doy	Yeor	Hour	
HOS	NAME OF PITAL INSTITUTION		ESS OR LOCA		TITUTION, G	IVE STREET			ED DEAD	7 e deceosed li	26 ved. If Institution	69 n: residence l	12:15 efore odm	
-	38 Un	iversi	ty Hos	pital			A. STATE	Mai	ryland		B. COUNTY	13	04	
6. 5		7. RACE		-	Total Control	VER MARRIED	C. CITY O				D. INSIDE C	ITY LIMITS?		
Т	nale	colo	red	WIDOV	_	DIVORCED	I R	o 1 + ·	imore		V	ES 🔀	No 🗆	
	ATE OF BIRTH		10. AGE (II			Yr. If Under 24 Hrs					1	E2 E2	МОП	
			lost birthdo	y)	Months D	oys Hours Min								
	0/22/2	-		45					Reiste	rstown	Rd.			
11.	BIRTHPLACE (S				12. CITIZE		13. FATHE	1.	_					
	North					COUNTRYS			n Rams	4				
14A.	USUAL OCCU	PATION (GI	ve kind of work	148. KINI	OF BUSIN	NESS OR INDUST	RY 15. MOTH	ER'S A	AAIDEN NA	ME				
uone	during most or w	orking life, e	ven arenrea)				Mar	tha	2					
16.	WAS DECEASI	D EVER IN	U.S. ARMED	FORCE	\$? 17. 5	OCIAL	18. INFOR	MANI	1		A	DDRESS		
(Yes	Unk.	(If yes, give	wor or dotes	of service	) 5	SECURITY NO.	Jenr	ie	Ramse	T 22	31 Rie	stert	own	Rd.
-	19.	/				CAUSE OF DE		10	10dino c	, j ~~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PROXIMATE I	
	96	5 X				CAUSE OF DE	AIN						EEN ONSET	
	DISEAS	OR CON	DITION DIRE	CTLY										
		EADING T	O DEATH			(A)IMMEDIATE	CAUSE G	unsl	hot wou	nd of	chest			
			mode of dy				AS A CONSE	QUEN	CE OF:					
			ich coused de											
	AN	ITECEDENII	CALISES			(0)								
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:													
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE										
Z	UNDERLYIN	IG CONDI	IION LASI.			(C)								
읟			11											
CERTIFICATION			NDITIONS CO											
프	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A)										
ER	20A. DATE OF	OPERATIO	N 20B. CO	NOITION	FOR WHIC	CH OPERATION V	VAS PERFOR	MED				21. AUTO	PSY? (Yes	or No)
	0												no	
MEDICAL		VAL CAUSE			22B. PLACI	E OF INJURY(e.g., foctory, street, of	., in or obout	22C. \	WHERE DID	(If in Boltimo	re City, give ex	oct locotion)	UP COLD	
음	UNDERLYING				home, form								101	
Z	UTING LI CA		Doy) (Year	·) (Hou	r) 22F 3N	Stree			JON DID IN		ierce S	ts.		
	OF INJURY				WHILE		T WHILE -			, , , , , , , , , , , , , , , , , , ,				
	(APPROX.)	7 2	6 69	12:0	ha WORK		WORK X	s	not sev	eral t	imes			
	23.	. A	-11 - 1	· · · · · · · · · · · · · · · · · · ·	7 1	pection X A			J 45-4 4	Lin boots	d - a d - t	1-1		
		11							-					
resulted from: Notural couses Accident Suicide							ide 📙 📙	de Homicide X Undetermined monner						
CHIEF								CHIEF MEDICAL EXAMINER DATE SIGNED						
	ACTUAL	nuce	WYL	(1	(/		D ASS	ISTAN	IT MEDICAL	EXAMINER			DATE SIG	MED
	SIGNATU		1.0	1	9	M		OCIAI	E MEDICAL I	EYAMINED				
	NAME (T		rner U	ch:	tz M	D 1	Deputy					7	/26/69	
24/	. BURIAL CREA	AATION,	24B. DATE	- QPI		ME of CEMETER				LOCATION		n, or county		ote)
RE!	MOVAL (Specif	γ)	7/20/	60	RIL	Azzhazan	Cam							
	Burial		7/30/			. Auburn					nore, l		allu	
254	. DATE REC'D	BY HEALTH			NAME OF F		25C.	FUNE	RAL DIRECT	OR ()	8, Bi. 0	DDRESS		
	1111 2	1969	Robert	E. 4	aber,	T. D.	Ke	els	on F.I	1.	3148 W.	Calho	oun S	t.
1/5	151 PEV 1/1/40	1303		19	6 9	6	7	7	F 9			V		

الم المنافع

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	P-60	0 69	7663		HEALTH DEPARTMENT		69 7663				
	BIRTH NO.		7000	CERTIFICA	TE OF DEATH	REG. NO	7008				
i	1. NAME OF DEC	PERRU	The	lma	2. DATE AND HOUR OF DEATH ST PM						
	3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PROHOUN	CED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. II in	nstitution residence before admission				
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI ATION)	ON, GIVE STREET	c. CITY OR TOWN Baltmore		IDE CITY LIMITS?				
4		Baltimore	gen.	Hosp.	E. STREET AND NUMBER		YES NO				
	S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH 2-29 20	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.				
	10A, USUAL OCCU	PATION (Give kind of work ranking life, even if retired)	10B KIND OF BU	DIVORCED JSINESS OR INDUSTRY		49 foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	House	wife			North Ca	rolina					
	13. FATHER'S NAN	∧E		?	14. MOTHER'S MAIDEN!	NAME					
	15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Far- (If yos, give wor or date	s of service)	SECURITY NO.	Mr James	Perry ,	Same				
	18.	04/1		CAUSE OF DEATI	1		APPROXIMATE INTERVAL				
Ш		OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH				
Н		LEADING TO DEATH									
1	heori failure, asthenio, etc., It means the disease.										
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:										
	rise to the above cause (A) sloting the UNDERLYING CONDITION last. (C)										
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).										
	19A-DATE OF	OPERATION 198 CONI WAS PERF	ORMED	CH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?				
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. PL/ home, ( etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DID	(If In Baltimore	City, give exact location)				
	OF INJURY	(Month) (Doy) (Year)		JURY OCCURRED	21F. HOW DID I	NJURY OCCUR?					
	(APPROX.)		While Work	At Work							
	22. I certify that (1) (this hospital) attended the deceased from July 25 19 69 to July 24 19 69										
		ast sow the decease		July 27	19 69 and	that In (my) (our) opin	lan death accurred on the date				
	23A. SIGNATUR	trom the causes state	ed above, (I) (Y	(e) (dld) (dld nat) vi	ew the bady after death	1.					
	2/	41 9.		Atter	ding Med.	Shelf 177	23B, DATE SIGNED				
	23C. PHYSICIAN NAME (Typ	na g- fa	usto, r	1. D DEGREE Phys.	3D. ADDRESS	Staff Phys.	7-28-69				
2	4A. BURIAL CREM REMOVAL (Sp	MIA ATION, 248. DATE	F/YUSFU 24C. NAME	M.D. GEGREE	MATORY 24D.	LOCATION (City	y, lown, or county) (Stole)				
	Burial	\$1016	1	M+ Anhan		Baltimore					
2	SA. PATE SECTOR	CHENTIN DELL & C	25 NAME OF	Mt Auburn	25C. FUNERAL DIRECTO		ADDRESS				
	ำกัก 9 กา	المال المال المال	Autoer 1	7000	Adolphus	Halstead 1					
	S 150-REV. 1/1/68										

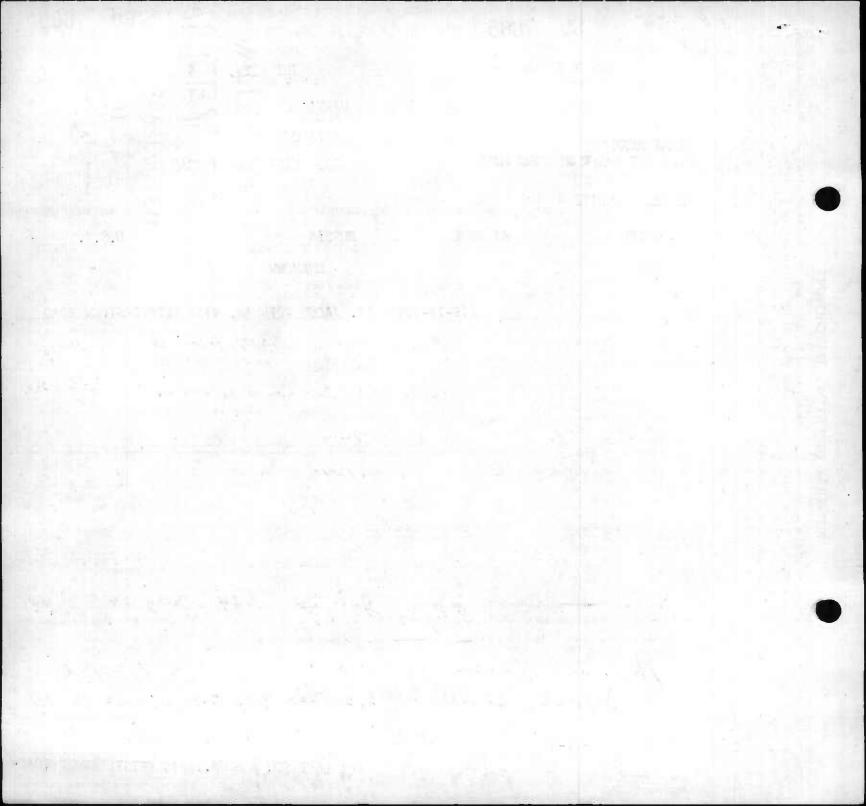


BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JULY 24. 1969 uo FRIEDA KRAUSE eath. RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY ance A. STATE (2) MARYLAND cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ŏ HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 10 YES X NO 6226 BLACKSTONE AVENUE BALTIMORE prior E. STREET AND NUMBER contributing 6226 BLACKSTONE AVENUE (4) Undetermined made regular 9. AGE (In years Il Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED deceased Hours last birthday FEMALE WHITE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Isposition done during most of working life, even if retired) U.S.A. AT HOME RUSSTA HOUSEWIFE SD 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 3 SAMORODIN UNKNOWN UO death 0 kind; 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no ar unknown) (II yes, give war ar dates of service) SECURITY NO. ce HARRY LIPSITZ, 6226 BLACKSTONE AVENUE dny attenda 18. CAUSE OF DEATH pronounced 10 ETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, bal OL injury at complication which caused death.) em 5 ANTECEDENT CAUSES who 0 9 are 4 DISEASES OR CONDITIONS, if any, giving the abave cause (A) stating the = physician UNDERLYING CONDITION last. the remains medical SD M П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the O IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED the 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? (If In Baltimare City, give exact location) where OR CONTRIBUTING CAUSE OF hospital °N MEDICAL DEATH (notify medical examined 0 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY obtaine approved (except While At Not While p (APPROX.) pup Work At Work any 22. I certify that (1) this haspital) attended the deceased fram and that in my (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an be of hospital eath) and haur and fram the causes stated abave (1) (We) (bid) (did nat) view the bady after death. must 23A SIGNATURE 23 B. DATE SIGNED Ö Affending | Med. Staff 0 10 Phys. Director L 6 Phys. 0 23 C. PAYSICIAN'S 23D. ADDRESS prior approv d to NAME (Type) An 3502 W. ROGERS AVENUE JOSEPH DECKELBAUM d OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) shows: (1) was D.O.1 eceased REMOVAL (Specify) the body BALTIMORE. BURIAL 7-25-69 WORKMEN CIRCLE MARY LAND 25A. DATE REC'D BY HEALTH DETTO 258. NAME OF REGISTRA SON & BROS., 6010 REISTERSTOWN ROAD 3 0 VS 150-REV. 1/1/68

CHARLES HEAVEST Success Astropolicote Caroles Levah chernic Congestion foulding. 7-24-109

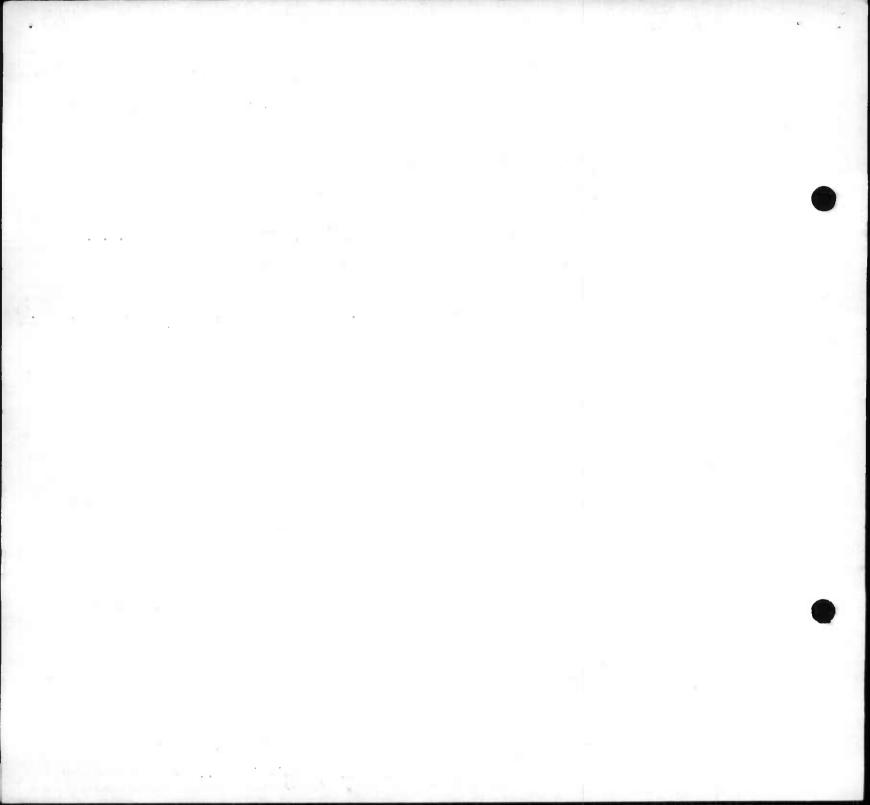
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appraved by the chief medical examiner or his assistant if death occurred in a haspital and ta the haspital by a medical examiner. Also, if the direct or contributing cause of death af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased all (except where the physician wha pranaunced death was in regular attendance an the h); and (6) Na physician was in regular attendance on the deceased priar to death. Such be obtained before the remains are embalmed or final dispasitian is made.	
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This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranounced death was in regular attendance an the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispasition is made.	
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	0		BALTIMORE CITY	HEALTH DEPARTMEN	T	0005			
BIR	-355 69 1	7665	CERTIFICA	TE OF DEAT	H REG. NO	69 7665			
	AME OF DECEASED			2. DAT	E AND HOUR OF DEATH	н			
(Ty)	e or Print) EVA ROTHMA	N		JUL	V 24 1969	11.30 P. M			
3.	PLACE IN BALTIMORE, MARYLAND, WH		INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY					
HC	LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATION	OR INSTITU	JTION, GIVE STREET	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	MITORION			BALTIMORE YES NO					
7	SINXIXMUST PLEASANT MANOR NURSI	NG HOM	F	E. STREET AND NUMBER  4353 REISTERSTOWN ROAD					
S. 5				B. DATE OF BIRTH	9. AGE (In years	T 17 11 1 3 9 17 11 1 24 11			
3		WIDOWED [	NEVER MARRIED DIVORCED	o. DATE OF SIKI	lost birthdoy	Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 1	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNTRY			
	HOUSEWIFE	AT I	HOME	RUSSIA		u.s.A.			
13.	FATHER'S NAME			14 MOTHER'S MAIDEN					
	UNKNOWN			UNKNOW	V				
1S. (Ye	Wos Deceosed Ever in U. S. Armed Force i, no or unknown) (If yes, give wor or doles	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO		215-18-3989	MR. JACOB RO	THMAN. 4353 R	EISTERSTOWN ROAD			
	1B. 4 10 4 1		CAUSE OF DEAT	Н	1 +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRE	CTLY	Acuto	myscarle	al topsel	ion I hay			
	LEADING TO DEATH			A CONSEQUENCE OF:		•			
	(This does not mean the made of d heart failure, asthenia, etc. 11 means th		DUE TO, OR AS	A CONSEQUENCE OF:	-				
	injury ar camplication which caused d	ealh.)	asterio	elector Lo	art & sea	20 5 yaro			
	ANTECEDENT CAUSES		(8)	/ 4					
	DISEASES OR CONDITIONS, if ar		DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the above cause (A) s UNDERLYING CONDITION tast.	laling the		They					
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE		nor						
	DISEASE OR CONDITION GIVEN IN PART	1 (A).	WILLIAM ORGANIZANI	120 A	a. Nall 200 IF yee wen	P. CINDINGS CONSIDERED			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDI		WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nolify medicol exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, farm, foctory, street, o	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	ID (II in Boltime R?	ore City, give exoct locotion)			
EDI		(Hour) 21E.	INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?				
2	(APPROX.)	Whi	ile At Not While						
					11 14 A	11. 14 19			
	22. I certify that (1) (this hospital) oftended the deceased from June 30 1964 to July 14 1969, that (1) (we) last saw the deceased alive an Aug 24 1969 and that In (my) (our) apinian death accurred an the date								
	and haur and from the causes state	d abave. (I	//						
	23A. SIGNATUPE	1	, , , ,	4		23B, DATE SIGNED			
	The served	/en	An An	ending Med.	Staff Phys.	7/24/69			
	23C PHYSICIANS	1	DEGREE Phy	S. Director L	Phys.	5			
	NAME (Type) MANUE	L. LE	EVIN	6/01 TARK	HOTS AVE,	13ALTO-15-MD			
24/	BURIAL CREMATION, 24B. DATE	24C. NA	AME of CEMETERY OF CR			City, town, or county) (State)			
	BURIAL 7-27-69	WOR	KMENS CIRCLE	B	SALTIMORE, MAR	YLAND			
25/	DATE REC'D BY HEALTH DEPT.	Salber	DF REGISTRAR	SOL LEVINSO	NE BROS.,601	O REISTERSTOWN ROAD			
Ve	1c0 BEV 1/1/48	1	1 7 9	11/00					



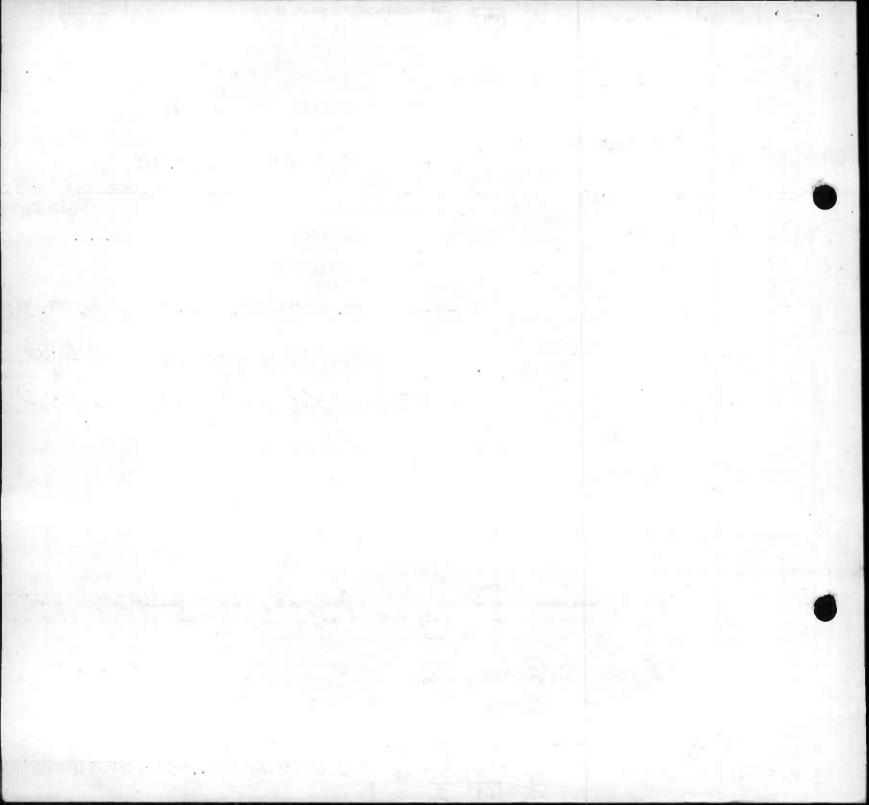
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hief medical a medical e ody burns; (3 he physician sician was in the remains	
b hospital by nature; (2) B cept where t id (6) No phy	
must be appricially appricately the spiral (exto death); at must be obtained and must be obtained.	
This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must to	
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	TTY HEALTH DEPARTMENT 69 7666							
	CATE OF DEATH							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7-2 5-69 5. A.M.  4 USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY  MARY LAND 1.73							
HOSHTAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Sinai Hospital of Balt.	BALTIMORE YES NO							
	Clarke Cane # 15							
6. RACE 7. MARRIED NEVER MARRIED [ WIDOWED ] DIVORCED [								
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
ATTORNEY SELF EMPLOYED	BALTIMORE, MARYLAND U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
AARON MAYER ROSTOV	KATIE ?							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (It yes, give wor ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
NO    215-03-9913	A MRS. JEANETTE ROSTOV, 3334 CLARKS ALEN, APT. F							
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE C.	AUSE Miorardial Infarction AS A CONSEQUENCE OF:							
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)							
DISEASES OR CONDITIONS, if any, giving  (B) Artheriosclerotic Cardievase disease  DUE TO, OR AS A CONSEQUENCE OF:								
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	AS A CONSEQUENCE OF:							
UNDERLYING CONDITION last. (C)								
NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF	, in or obout 21 C. WHERE DID office bldg, INJURY OCCURY (If In Boltimore City, give exact location)							
DEATH (natity medical examined) etc.)	ounce order of CO Ki							
OF INJURY (APPROX)  OF INJURY  (APPROX)  OF INJURY  (APPROX)  OF INJURY  (APPROX)  OF INJURY  (APPROX)	21F. HOW DID INJURY OCCUR?							
Work At Wo	fk 🛄							
22. 1 certify that (1) (this hospital) attended the deceased fram	5 19 69 and that In(my) (our) opinion death accurred on the date							
and haur and fram the causes stated above. (1) (We) (did) (did nat)								
23A. SIGNATURE	23B, DATE SIGNED							
DECORP P	Hending Med. Stoff 7-25-69							
23C. PHYSICIAN'S NAME (Type)  2 1 2 1 2 1 2 1 4 1 1 1 1 1 1 1 1 1 1 1	23D. ADDRESS							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C								
BURIAL 7-27-69 SHAAREI. ZION	ROSEDALE, MARYLAND							
25A. DATE REC'D AN HEALTH DEPT. E. JOHN OF SGISTRAR	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD							
VS 150-REV. 1/1/68	7 26 25 6							



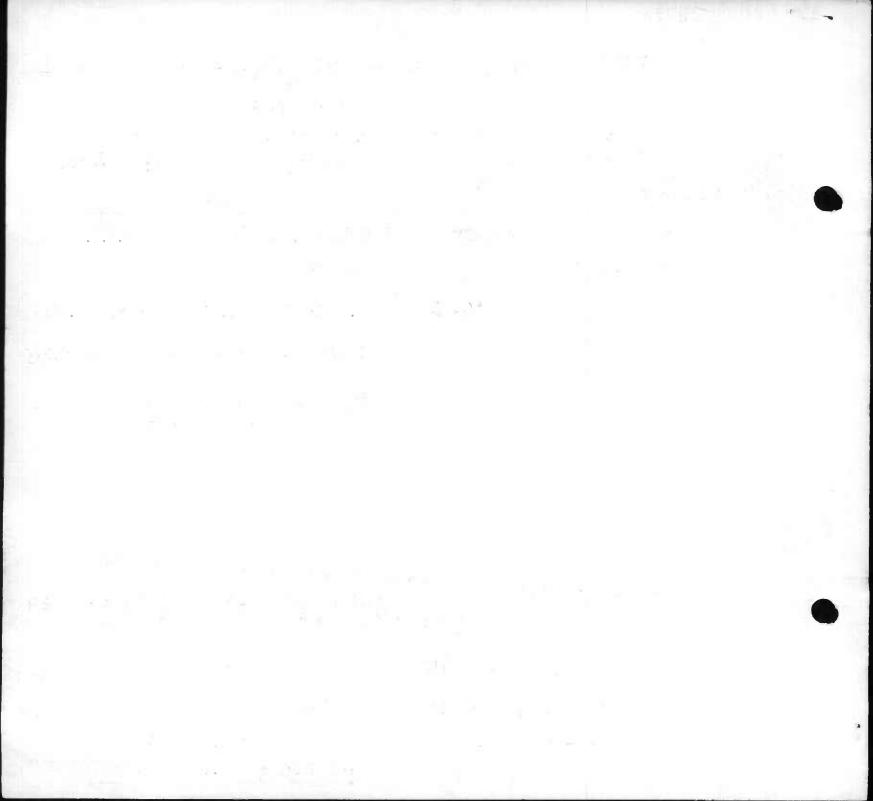
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		BALTIMORE CITY	HEALTH DEPARTMENT		40 5005			
1.0	N-650 69 766	7. CERTIFICA	ATE OF DEATH REG. No. 69 7667.					
	NAME OF DECEASED	02.(11110)		D HOUR OF DEATH				
(Ту	LOUIS WARM		THIV	24, 1969	7:30 P M			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If i	nstitution; residence before admission)			
H	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)  OTHER HOSPITAL	STITUTION, GIVE STREET	MARY LAND  C. CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  YES NO					
4	SINAI HOSPITAL		E. STREET AND NUMBER  6504 EBERLE DRIVE, APT. 103					
1	d							
5.	SEX 6. RACE 7. MARR MALE WHITE WIDOW	IED X NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY			
jor	MERCHANT	RETAI L	NEW YORK		u.s.A.			
13.	FATHER'S NAME	NG I // L	14. MOTHER'S MAIDEN NAM	ΛE	us verte			
	JOSEPH WARM		TILLIE WARM					
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
Te	s,no or unknown) (II yes, give wor or dotes of services)		Upo copura car	OH CEAN TO	EDIE ODTHE ADT 10			
_	NO	130-10-3250 CAUSE OF DEAT		CM, 6504 EDI	ERLE DRIVE, APT. 10			
z	heart lailure, asthenia, etc. II means the diserinjury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givenise to the obave couse (A) stoling UNDERLYING CONDITION lost.	(B) With Up DUE TO, OR AS The	selevatic Hel a consequence of	art Dises	ese 2 years			
ATION		AL		1				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?			
CALCE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID line bldg., INJURY OCCUR?	(If in Boltima	re City, give exoct location)			
EDI	OF INITION	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
S	(APPROX.)	While At Work Not While At Work	e 🔲	Α	6			
	22. I certify that (i) (this hospital) attended the deceased from July 23, 1969 to July 24, 1969, that (i) (was) last saw the deceased alive an July 24, 1969 and that in (my) (early apinion death accurred an the date							
	and haur and from the causes stated above	e. (1) ( <del>We)</del> ( <del>did)</del> (did nat) v	iew the bady after death.					
	Marvin Goldste	DEGREE Phy	Med. Director	Staff Phys.	7/25/69			
	NAME (Type)			EIGHTS AVEN	IIE			
24	MARVIN GOLDST	LIN DEGREE						
	REMOVAL (Specify)			OCATION (C	City, town, or county) (State)			
		NEW PALESTINE LO	DGE BUS'	TON, MASSAC	HUSETTS			
25	JUL 30 1969 Tobber 8258 RA	AE OF REGISTRAR	SOL LEVINSON	8 BROS.,601	O REISTERSTOWN ROAD			
VS	1S0-REV. 1/1/6B							



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	236	. 0
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I = 635 BALTIMORE CIT	Y HEALTH DEPARTMENT							
DIKITI IVO.	ATE OF DEATH REG. No. 69 7665							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	~ WILLIAM July 27 /69 13:14 AM.							
STREET PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceosed lived. If institution: residence before admission) A. STATE							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Un SINAI HOSPITAL OF	BALTIMORE YES NO [							
BALTIMORE	E. STREET AND NUMBER 2619 Rosewood Auc							
5. SEX MALE 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 His.							
WHITE WIDOWED DIVORCED	62							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
CONTRACTOR BUILDING	BALTIMORE, MARYLAND U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
BORIS FRIEDMAN	ELLA RICHMOND							
15. Was Deceased Ever in U. S. Armed Farces?  146. SOCIAL  18   18   19   19   19   19   19   19	17. INFORMANT ADDRESS							
NO 212-05-4313	MRS. JULIA FREEDMAN. 2619 ROSEWOOD AVE. #15							
18. 4 2 4 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(This does not mean the mode of dving e.g. (A) IMMEDIATE CA	ACONSEQUENCE OF: 2 DAYS							
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.	A CONSEQUENCE OF:							
DISEASES OR CONDITIONS, if any, giving  (B) 42 1 24 2	LOSC LEROTIC CARDIOUASEU A CONSEQUENCE OF: LAR DICEASE							
rise to the abave cause (A) stating the UNDERLYING CONDITION last, (C)	Lac Miewse							
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
OISEASE OR CONDITION GIVEN IN PART 1 (A).  UPA-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	(A) A							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF DEATH Inatify medical examiner 218. PLACE OF INJURY (e.g., home, form, factory, street, of the contribution of the contri	in or about 21C, WHERE DID (If In Baltimore City, give exect lacetion) ffice bldg, INJURY OCCUR?							
OF INJURY OF IMONTH) (Day) (Year) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
APPROX!   While At   Not Whi								
22. I certify that (I) (this hospital) ottended the deceased from	July 25 1969 to July 27 19 69							
that (1) (we) last saw the deceased alive on felly 27	that (1) (we) last saw the deceased alive on telly 27 19 69 and that In (my) (aur) apinion death accurred an the date							
and hour and from the causes stated above. (1) (We) (did) (did not) 123A. SIGNATURE	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the bady after death.							
	anding Med. Sieff Phys. 23 July 27 (969							
DEGREE .	23D. ADDRESS							
RUBEN DRUMUSKI MI) OSCORE	SINAI HOSPITAL OF BATTHERE							
REMOVAL (Specify)								
BURIAL 7-28-69 MARY LAND LODGE  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ROSEDALE, MARY LAND							
JUL 3 0 1969 Juden E. Harber, 45.	SOL LENINGON & BROS., 6010 REISTERSTOWN ROAD							
VS 150-REV. 1/1/68								



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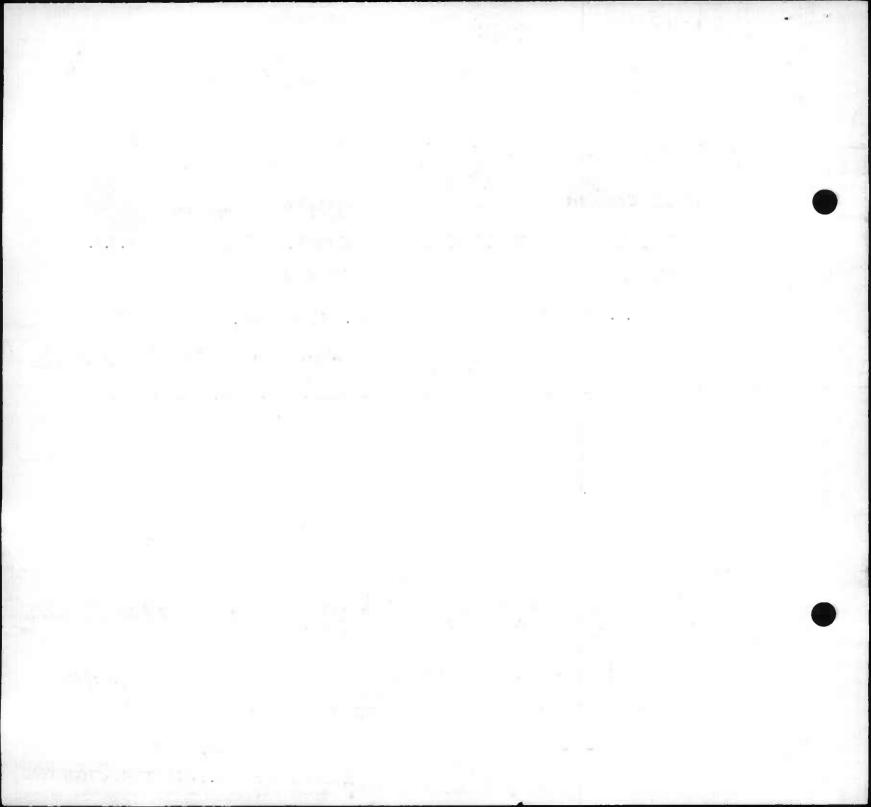
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH a hospital and cause of death etermined cause; (5) Deceased Such 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) \_ Nebecca 7/27/69 0 death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE MO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 BALTIMORE NO Convalescent Hone prior E. STREET AND NUMBER contributing occurred 5123 SUNSET is made in regular 9. AGE (In years S. SEX B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED Manths Days deceased Hours last birthday) WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) o (4) Und HOUSEWI FE U.S.A. AT HOME RUSSIA Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the if the direct DAVID SIRKEN SARAH assistant 0 death kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT 6. SOCIAL final (Yes, na or unknown) (If yes, give war ar dotes of service) SECURITY NO attendance 5123 SUNSET NO TANNEBAUM any APPROXIMATE INTERVAL pronounced 1B. CAUSE OF DEATH o BETWEEN ONSET AND DEATH Also, DISEASE OF CONDITION DIRECTLY embalmed of LEADING TO DEATH MAMEDIATE CAUSE fracture (This does not mean the mode of dying, Ce.g. DUE TO, OR AS A CONSEQUENCE heart foilure, asthenia, etc. It means the disease examiner Uar examiner. injury or complication which caused deoff) ANTECEDENT CAUSES who regi are DUE TO, OR AS DISEASES OR CONDITIONS, if any giving lo lhe obove couse (A) (3) physician UNDERLYING CONDITION lost. the chief medical the remains a medical burns: Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 20 A. AUTOPSY? (Yes or Na) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 16 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) PS1B. PLACT OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (2) (If In Baltimare City, give exact location where to the hospital MEDICAL °Z evindale 21F. HOW DID INJURY OCCUP any nature; obtained 21 D. TIME (Day) (Year) (Hour) 21E. INJURY OCCURRED (Month) (9) OF INJURY approved (except While At Nat While (APPROX.) and Work 1969 22. I certify that ((1)) this haspital) attended the deceased from 7/27 ... and that in my (our) opinion death occurred on the date 19 69 . that (I) (we) lost sow the deceased alive on pe An accident of hospital eath) and hour and from the causes stated above (() (We ((did))(did not) view the body after death. must the body was release 23A. SIGNATURE 23B, DATE SIGNED O Attending Phys. Med. Shaff 10 Director L approval 23C. PHYSICIAN'S NAME (Type) 0 23D. ADDRESS prior at 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased was D.O. REMOVAL (Specify) decease shows: 7-28-69 HEBREW YOUNG BALTIMORE. ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LEVINSON & BROS. 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

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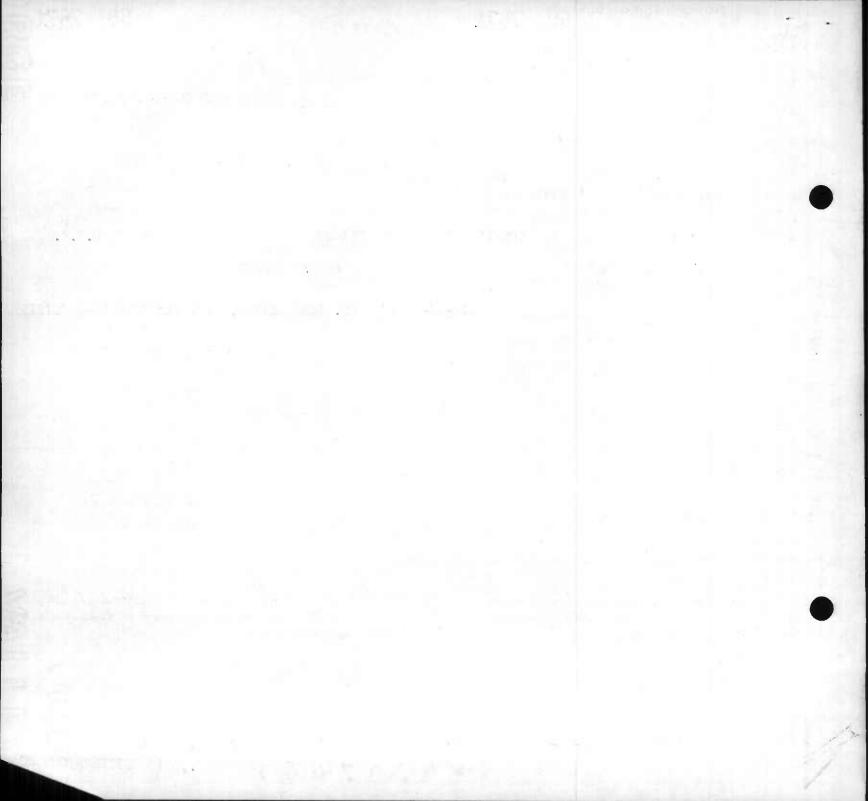
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pital and of death Deceased te on the ath. Such
lin a hos ng cause, cause, (5) attendan ior to de
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
aminer or miner. Al A fracture the pronou egular att
nedical exactions; (3) Anysician was in remains are
the chief rall by a mark (2) Body lere the plant of physician efore the refore the refor
proved by the hospite ny nature; except wh and (6) No
nust be appleased to the sident of a thospital (so death);
This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must be
This certhe bocshows: was D. deceas

	B-450				BALTIMORE CIT	Y HEALT	H DEPARTMENT					
	BIRTH NO.	69	76	370	CERTIFICA	ATE C	OF DEATH	REC	. No	53	7670	
	I. NAME OF DECEAS	ED						AND HOUR O	E DEATH			
- [[	(Typo or Print)	3LUM,	4		-	7/27/6	90		7.40 A			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD							Where deceased	lived. Il in	stitution: re	sidence belore	odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI						RYLAND	BALTII		DE CITY LI	27 MITS?	19
I	SINAL HOSPITAL OF BALTIMORG,						ALTI MOI			YES 🗸	NO 🗌	
	12				INC				aven	ue		
		ACE WHITE		=	NEVER MARRIED	8. DATI	OF BIRTH	9. AGE (In	yeors	If Under Months	1 Yr. If Und	ler 24 Hrs.
1	A 4 / / Profes   4 A	KKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WIDOV		DIVORCED [	4	13/24	1.1.	420			
	10A, USUAL OCCUPA done during most of work	ing life, even if retired)	IOB. KINI	0 01 803	INESS OR INDUSTR	Y 11. BIR	HPLACE (Stote or	foreign countryl		12. CITIZ	EN OF WHAT	COUNTRY
	PROPRIET	OR	JEU	ELRY	STORE		TIMORE, M			u.	.S.A.	
							THER'S MAIDEN					
	MORRIS B		-	19.7			SE BERGER	<u> </u>				
i	5. Wes Deceased Every Yes, no or unknown) (If			ce) 16.	SOCIAL SECURITY NO.	17. INF	PRMANT				ADDRESS	
		.W. II NAVY	<u>'</u>			MRS.	MI LDRED	BLUM. 55	20 PR	ICE AL	VENUE	
I	18.	91			CAUSE OF DEA	TH			A .	В	APPROXIMATE I	NTERVAL AND DEATH
		R CONDITION DIE DING TO DEATH	ECTLY				MALOCA	rdial 1	Inlas	Ti.	2 401	PC
	This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease										162	
	injury or complication which caused death.)  ANTECEDENT CAUSES											
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:											
l	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)											
I	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A)											
	1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSYT (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?											
	21A. ACCIDENT W	AS UNDERLYING		218. PLAC	CE OF INJURY (e.g.,	n or obou	ZIC WHERE DID	ne i	n Boltimore	City alva	aved facation)	
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID home, form, fociory, street, office bidg. INJURY OCCUR?											
	OF INJURY	nthi (Doyl (Year)	(Hour)	21E INJL	JRY OCCURRED		21F. HOW DID I	NJURY OCCUR	?			
║.	(APPROX)			While At Work	Nol Whi	le 🗌						
	22. I certify that	(1) (this hospital)	attende	d the de	ceased from	6	17	19 69 to	-	7/2	7 19	69
	that (1) (we) last	saw the decease	dalive a	n	7/27	19	69 and			on death	•	
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.											
	23A. SIGNATURE	A.								238, DATE	SIGNED ,	
		Stopper			M D Ath	nding _	Med. Director	Shaff Phys.		7	27/69	4
	23C. FHYSICIAN'S NAME (Typel	c : AM	KAP	OPP		23D. ADD		100		1	1	
DY NEGLAM KAPOOR.  DEGREE BAX SINAI HOSPITAL  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY. 124D. LOCATION (City, lown, of CREMATORY).												
	REMOVAL (Specil	γ)				PAVIOR		LOCATION		lown, or	countyl	(Stote)
2	SURIAL	7-28-69			EMUNAH	256		ALTIMORE				
	JUL 3 0 19	69 Robert	SE MAM	Ser A	0 0	501	LEVINSON	& BROS.	,6010	REIST	TERSTOWN	ROAD
TV	S 150-REV. 1/1/6B		1 2		7 1		0 0					

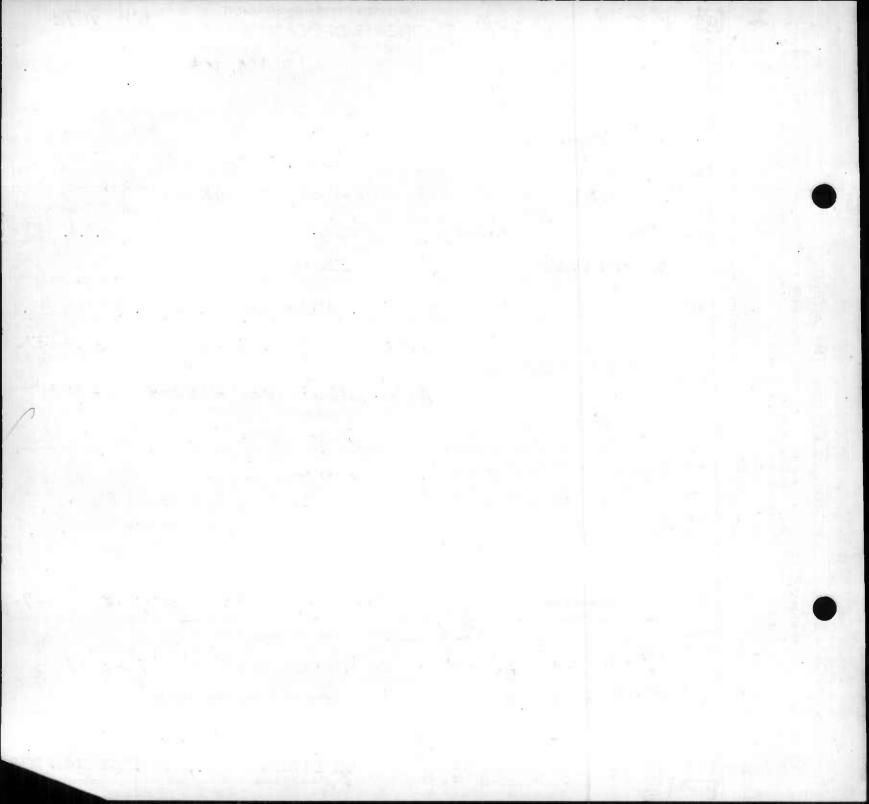


	B-360 69 76	BALTIMORE CITY	HEALTH DEPARTMENT	69 7671
BIRT	10-360 00 100	CERTIFICA	TE OF DEATH REG. NO.	10/1
1. N.	AME OF DECEASED ISRAEL ABOUT ABOUT Better		2. DATE AND HOUR OF DEAT	500 AN
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY	
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN D. II	VEXMARY LAND 2 / 20 NSIDE CITY LIMITS? YES NO NO
4	Siver Hospital		E. STREET AND NUMBER 3704 CLARINTH ROAD	#21215
5. SI	MALE 6. RACE WHITE WIDOW	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  10 02 01  9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND during most at working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		TER MAN	POLAND	U.S.A.
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
8	KN SCHLAMA BETTER		ESTHER SCHAPIRO	
15. V (Yes,	Was Deceased Ever in U. S. Armed Farces? s,na ar unknawn) (If yes, give war ar dates af servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
N	10	219-32-0864A	MRS. LENA BETTER, 3704 C	ARTNTH ROAD #21215
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH		BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, of heart failure, asthenia, etc. It means the disectinjury or complication which caused death.)	DUE TO, OR AS		
	ANTECEDENT CAUSES	(B)	Sul Lown - second	leny 10 7085
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION tost.	- 3	A CONSEQUENCE OF:	
	11			
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).		pheral variabler disease	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, af etc.)	n ar about 21C. WHERE DID (If In Baltin fice bldg., INJURY OCCUR?	mare City, give exact lacation)
	21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Nat While Wark At Wark		1-8
	22. I certify that (1) (this haspital) attende	ed the deceased from /	30 an 7/18/69 10	5 pm 7/ 1969
	that (i) (we) last saw the deceased alive of	7/20	10	apinion death accurred an the dat
	and haur and from the causes stated above	e. (1) (We) (did) (did not) v	iew the bady after death.	
	23A. SIGNATURE			23 B, DATE SIGNED
	Gian Caggiano	DEGREE Phys	Med. Shaff Director Phys.	7/28/69
	23C. PHYSICIAN'S NAME (Type)		SINAL HOSPITAL	199
24A	0.	DEGREE C.NAME of CEMETERY OF CRE		(City, tawn, ar county) (State)
	manufacture and a second	BETH ISAAC ADATH	ISRAEL BALTIMORE, M.	ARYLAND
25A	LILL 3 0 1969 1264 E. V		25C. FUNERAL DIRECTOR & BROS. , 6	ADDRESS
	NULUU			



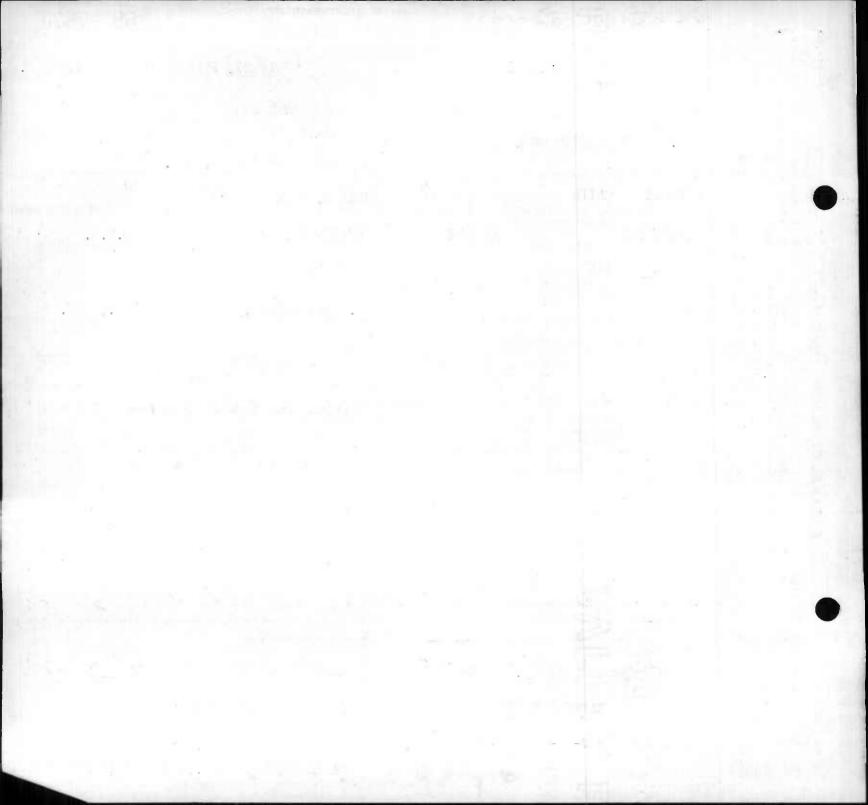
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

11-345 BALTIMORE CIT	Y HEALTH DEPARTMENT REG NO. 69 7672
70-340 69 7672 CERTIFICA	ATE OF DEATH REG. NO.
BIRTH NO.	12. DATE AND HOUR OF DEATH
Type of Print)	
SARAH NEEDLEMAN	JULY 28, 1969 5:30 P.A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET   HOSPITAL OR   ADDRESS OR LOCATION)	MARY LAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
JEWISH CONVELESANT HOME	BALTIMORE YES NO
70	3303 W. GARRISON AVENUE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
FEMALE WHITE WIDOWED DIVORCED	12-15-93 XXX 75
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	1,0014
HOUSEWIFE AT HOME	RUSSIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH DANIEL CAPLAN	REBECCA ?
15. Wos Deceosed Ever in U. S. Armed Forces?  (Yes, no or unknown)   (If yes, give wor or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
NO NO	MR. WILLIAM NEEDLEMAN. 3303 W. GARRISON AVE.
18. / 2 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	M 2 1/2 Paris Services Onser and Deale
LEADING TO DEATH	Wice Mantello
[ [This does not meen the mode of dying, e.g., DUFTO OR AS	S A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury ar camplication which caused death.)	Tursderoles Heart desease 5 years
ANTECEDENT CAUSES antel	hysderoles par disease 3 gets
(B)	S A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF
UNDERLYING CONDITION last, (C)	non
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Mne
DISEASE OR CONDITION GIVEN IN PART † (A).	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If In Baltimore City, give exact location)
U 21A. A CCIDENT WAS UNDERLYING ☐ 218. PLACE OF INJURY (e.g., or contribution) ☐ CAUSE OF Home, form, foctory, street, etc	office bidg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) While A1 Not Who Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	Sept 16 144 10 July 28 1969
that (1) (we) last saw the deceased alive an July 18	19 69 and that in(my) (aux apinian death accurred an the dat
and hour and figm the causes stated above. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	23 B. DAJE SIGNIO
Di Leo	thending Med. Staff 7/29/69
23 C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	
MANUEL LEVIN DEGRE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 7-29-69 OHEL YAKOVK	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT.   25B NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
1111 30 1989 Pose & Jabey M.D.	SQL LEVINSON, & BROS., 6010 REISTERSTO
THEO O 1909 OWNER IT IS IN CA. IT IS	



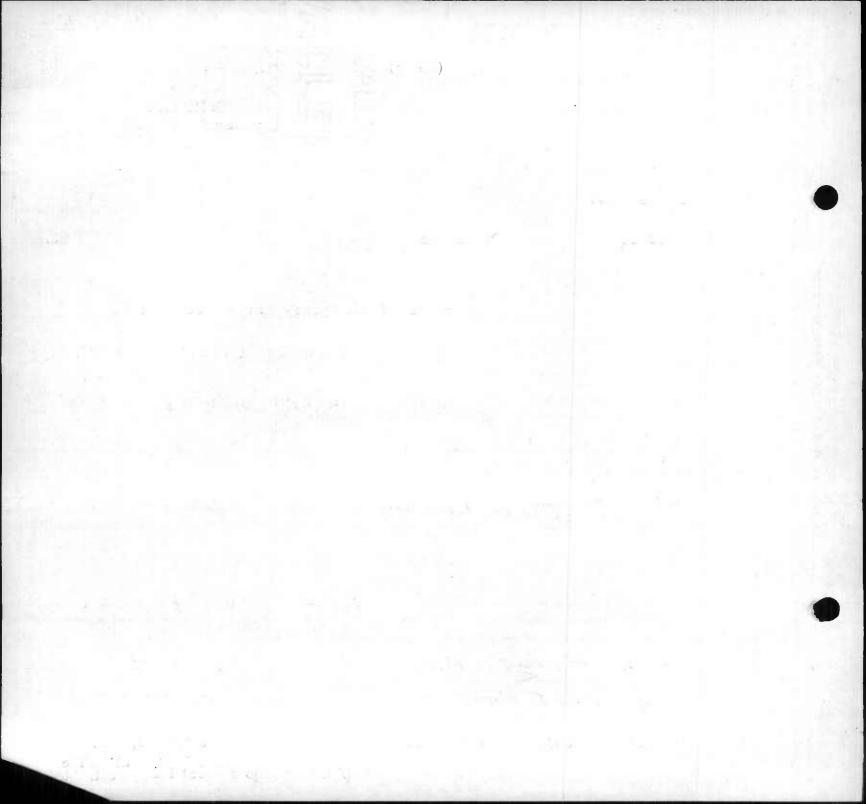
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such		
a hos	cause	ise; (5)	endan	to de		
rred in	buting	ned car	lar att	prior	ade.	
th occu	contri	etermin	n regu	eceasec	on is mo	
if dea	rect or	(4) Und	Was	the de	sposition	
ssistant	the di	kind;	death	nce on	final di	
or his a	Also, if	e of any	ponno	attenda	be obtained before the remains are embalmed or final disposition is made.	
miner	niner.	fractur	no pror	gular	embal	
calexo	al exal	s; (3) A	cian w	as in re	ains are	
ef med	medic	dy burn	e physi	cian w	he remo	
the chi	al by c	; (2) 80	nere the	lo physi	before t	
oved by	hospit	nature	cept wi	N (9) PI	tained &	
se appre	d to the	t of any	ital (ex	ath); ar	t be ob	
e must &	release	acciden	a hosp	r to dec	val mus	
rtificate	dy was	(1) An c	O.A. at	ed prio	written approval must	
This ce	the bo	shows	was D.	deceas	writte	

	630	BALTIMORE CITY	HEALTH DEPARTMENT	0 2020
4-	632 69 76	73 CERTIFICA	TE OF DEATH REG. NO.	69 7673
BIRTH NO.		CERTIFICA		
Type or Prin	F DECEASED		2. DATE AND HOUR OF DEAT	
	MARY ZERWITZ		JULY 27, 1969  14. USUAL RESIDENCE (Where deceased lived, If	11:30 P.M
3. PLACE II	N BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	A. STATE B. COUNTY	institution: residence before admission)
FULL NAM HOSPITAL	OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN BALLO, CO.	NSIDE CITY LIMITS?
UT	SINAI NURSING HOME		BALTIMORE	YES NO
011	SINAL NURSING HUML		E. STREET AND NUMBER	
70			130 SLADE AVENUE, APT	
5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMA	ALE WHITE WIDO	WED DIVORCED	JULY 4, 1894 75	
		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	most of working life, even if retired) SEWIFE	AT HOME	BALTIMORE, MARYLAND	U.S.A.
13. FATHER	'S NAME		14. MOTHER'S MAIDEN NAME	
NATI	HAN BUSLIK		PEARL ?	
	ceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or un	nknown) (If yes, give wor or dotes of ser	SECURITY NO.	THE ORIVINATION OF THE PROPERTY OF THE PROPERT	7557
NO	0	NO	MR. PAUL BUSLIK, 3005 ROM	ARIC CT., APT. F
1B. 4	4/0,91	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIRECTLY		0	
	LEADING TO DEATH	(A)IMMEDIATE CAL	A CONSEQUENCE OF 1 tanel	1 mjourt e,
	does not mean the mode af dying, ailure, asthenia, etc. 11 means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	11-
	or complication which coused death.)			Sections
	ANTECEDENT CAUSES	BITI.	insilest. a CVd. see	150 9-6-1
DISEA!	SES OR CONDITIONS, if any, g		A CONSEQUENCE OF:	
rise I	lo lhe obove cause (A) staling			
UNDER	RLYING CONDITION (asl.	(c)		
	II			
	SIGNIFICANT CONDITIONS CONTRIBUT E DEATH BUT NOT RELATED TO THE TERMI			
<b>▼</b> DISEASI	E OR CONDITION GIVEN IN PART 1 (A).	117/		
UITOARA				
E A	TE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEF	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFI	WAS PERFORMED			E FINDINGS CONSIDERED CAUSES OF DEATH?
OR COI DEATH			in or about 21 C. WHERE DID (If in Baltin	E FINDINGS CONSIDERED CAUSES OF DEATH?  are City, give exact location
OR COI DEATH	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	in or about 21 C. WHERE DID (If in Baltin	
OR COI DEATH OF INJI	CCIDENT WAS UNDERLYING NATIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year) (Hour) URY	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While	n or obout 21 C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	
OR COI DEATH OF INJI (APPRO	CCIDENT WAS UNDERLYING NATIBUTING CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour) URY	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work	in or about 21 C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	nare City, give exoct location)
OR COI DEATH OF INJI	CCIDENT WAS UNDERLYING NATIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year) (Hour) URY	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work	n or obout 21 C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	
O 21A, ACOR COIDEATH OF INJI (APPRO	CCIDENT WAS UNDERLYING NATIBUTING CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour) URY	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  ded the deceased fram	n or about 21 C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	nare City, give exact location)
OR COI OR COI DEATH 21D. TIM OF INJI (APPRO 22. I co	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour) URY (X.)  Lettify that (I) (this haspital) attent ) (we) last saw the deceased alive	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	nare City, give exact location)
21A, AC OR COIL DEATH OF INJI (APPRO 22, I count that (I) and ha	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour) URY (X.)  certify that (I) (this haspital) attention (we) last saw the deceased alive	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	nare City, give exact location)
21A. ACOR COIL DEATH OF INJI (APPRO 22. I co that (I) and ha	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour) URY (X.)  Lettify that (I) (this haspital) attent ) (we) last saw the deceased alive	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from  on Occurred  ve. (I) (We) (did) (did not) ve.	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	plnian/death accurred an the dat
21 A. AC OR COI DEATH OF INJI (APPRO 22. I count that (I) and ha	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Doy) (Year) (Hour)  URY  Certify that (I) (this hospital) attend () (we) last saw the deceased alive  BURY  URY  O'WE   Saw the deceased alive  SNATURE  WAS PERFORMED	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  on 200  ve. (I) (Wa) (did) (did nat) ve.	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	plnian/death accurred an the dat
V 21A. AC OR COI DEATH OF INJI (APPRO 22. I c that (I) and ha	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour) URY (X.)  certify that (I) (this haspital) attention (we) last saw the deceased alive	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  on 200  ve. (I) (Wa) (did) (did nat) ve.	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	plnian/death accurred an the dat
V 21A. AC OR COI DEATH OF INJI (APPRO 22. I c that (I) and ha	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Doy) (Year) (Hour)  URY  Certify that (I) (this hospital) attend () (we) last saw the deceased alive  BURY  URY  O'WE   Saw the deceased alive  SNATURE  WAS PERFORMED	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  on Occurred  ve. (I) (Wa) (did) (did nat) ve.	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	plnian/death accurred an the dat
V 21A. AC CONTROL OF INJU (APPRO 22. I control of inju and ha 23A. SIG	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour)  URY  Certify that (I) (this hospital) attent (XX)  I we) last saw the deceased alive  For and from the causes stated aba  GNATURE  (YSICIANTS AME (Type)  SEYMOUR RUBIN  CL CREMATION, 1248, DATE   12	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	plnian/death accurred an the dat
21 A. A. O. O. C.	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Doy) (Year) (Hour)  URY  VERTIFY that (I) (this hospital) attent (I) (we) last saw the deceased alive (I) (we) last saw the deceased alive (I) (WE) last saw the deceased alive (IV) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  ve. (I) (Wa) (did) (did nat) ve.  DEGREE  AC. NAME of CEMETERY or CRI	21F. HOW DID INJURY OCCUR?	plnian/death accurred an the date 23B, DATE SIGNED
21 A. AC OR COI DEATH OF INJI (APPRO 22. I c that (I) and ha 23A. SIG 23C. PH NA	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour)  URY  Certify that (I) (this hospital) attent (X) (we) last saw the deceased alive arrand from the causes stated aba  GNATURE  (YSICIANTS AME (Type)  SEYMOUR RUBIN  SEYMOUR RUBIN  (AL CREMATION, 24B, DATE 24B, DATE 14AL (Specify) 14AL (Specify) 14AL (Specify) 14AL (Specify) 14AL (Specify) 14BL (Specify) 1	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from  on DEGREE  We. (I) (Wa) (did) (did nat) we.  Attended to the deceased from Attended to the decease of th	21F. HOW DID INJURY OCCUR?	plnian/death accurred an the date 23B, DATE SIGNED (City, town, or county) (State)
21 A. AC OR COI DEATH OF INJI (APPRO 22. I c that (I) and ha 23A. SIG 23C. PH NA	WAS PERFORMED  CCIDENT WAS UNDERLYING   NTRIBUTING   CAUSE OF (notify medical examiner)  ME (Month) (Day) (Year) (Hour)  URY  Certify that (I) (this hospital) attent (X) (we) last saw the deceased alive arrand from the causes stated aba  GNATURE  (YSICIANTS AME (Type)  SEYMOUR RUBIN  SEYMOUR RUBIN  (AL CREMATION, 24B, DATE 24B, DATE 14AL (Specify) 14AL (Specify) 14AL (Specify) 14AL (Specify) 14AL (Specify) 14BL (Specify) 1	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased fram  ve. (I) (Wa) (did) (did nat) ve.  Attended to the deceased fram Attended t	21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23D. ADDRESS  23D. ADDRESS  24D. LOCATION  BALTIMORE, MA	plnian/death accurred an the dat    238, DATE SIGNED



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

117-	1.77	BALTIMORE CI	TY HEALTH DEPARTMENT	69 7674
BIRTH NO.	69	7674 CERTIFIC	ATE OF DEATH REG. NO	00 /0/4
1. NAME OF			2. DATE AND HOUR OF DEATI	30
(Type or Prin	10 11/0	arie C. (Mary)	7-27-69	5: A. N
3. PLACE IN	BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived, If A, STATE  B. COUNTY	institution: residence before admission)
FULL NAM HOSPITAL C	OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Mod Baltimo	ore 5300
34			E. STREET AND NUMBER	XXX NO X
Bos		Hospital	2111 North Land Rd.	
S. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Fem		WIDOWED DIVORCED	9/1 05 63 RY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY
	ast of warking life, even if retired)	TOO, KIND OF BUSINESS OF HEDUST	The British and Colored Colorings	12, CHIZZIN OF WHAT COUNTRY
Hou 13. FATHER'	sewife	Own Home	Mary Lana 14. MOTHER'S MAIDEN NAME	USA
	erman Mill	ev	Laura Howard	
15. Was Dec	eased Ever in U. S. Armed Fore	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
No		212-22-5107	Mr Sydney Marks Same	e as #4
1B.	57.91	CAUSE OF DEA		APPROXIMATE INTERVAL
D	ISEASE OR CONDITION DIE	RECTLY	C	
(This d	LEADING TO DEATH	dving eq (A)IMMEDIATE C		2-Months
heart ia	ilure, asthenia, etc. It means r complication which caused	the disease,	S A CONSEQUENCE OF:	4
IIIIIIIII O	ANTECEDENT CAUSES		Cancer Pancreas	- IM 4
DISEAS	ES OR CONDITIONS, il	(B)	AS A CONSEQUENCE OF:	2110h M
rise lo	the obove couse (A)	slaling the		2
UNDER	LTING CONDITION Idsi.	(C)		
TO THE	I I I I I I I I I I I I I I I I I I I	HE TERMINAL		
	OR CONDITION GIVEN IN PAR	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERI	FINDINGS CONSIDERED
19A.DA	10/69 WAS PERI	Courtry Laparotomi	NO IN CERTIFYING C	AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TIRIBUTING CAUSE OF (notify medical examiner)	218. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	office bldg, INJURY OCCUR?	ore City, give exact lacation)
21 D. TIM		(Hour 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
S OF INJU		While At Not W		
22 1 56	urtify that (1) (this basnital	) attended the deceased from		127 10 69
	(we) lost sow the decease	A / -	19 6 9 ond that in (my) (out) o	
ond hou	ır ond from the causes stat	ted obove. (1) (We) (did) (did not	view the body ofter deoth.	
23A. SIG		has MD	Monding T Mad T SAM TO	23B. DATE SIGNED
		DEGREE P	hys. Med. Staff Phys.	7/27/69
23C.PHY NA	ME (Type) Mahmoud F	- Abbas M.D.	Bon Secours	HospitaL
	CREMATION, 248. DATE	24C. NAME of CEMETERY of	EE 24D. LOCATION	City, tawn, ar caunty) (State)
	rial 7/30/6	9 Loudon Park	Raltin	nore, Md.
	REC'D' BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Table	
1111 9	0 1969 P. R. B. B.	Jaban M.D. O	Wm? Cook Brooks West I	nc Balt.



examiner or his assistant if death occurred in a hospital and	xaminer. Also, if the direct or contributing cause of death	(5) A fracture of any kind; (4) Undetermined cause: (5) Deceased	who pronounced death was in regular attendance on the	regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical	the body was released to the hospital by a medical e	shows: (1) An accident of any nature; (2) Body burns; (3	was D.O.A. at a hospital (except where the physician	deceased prior to death); and (6) No physician was in	written approval must be obtained before the remains	

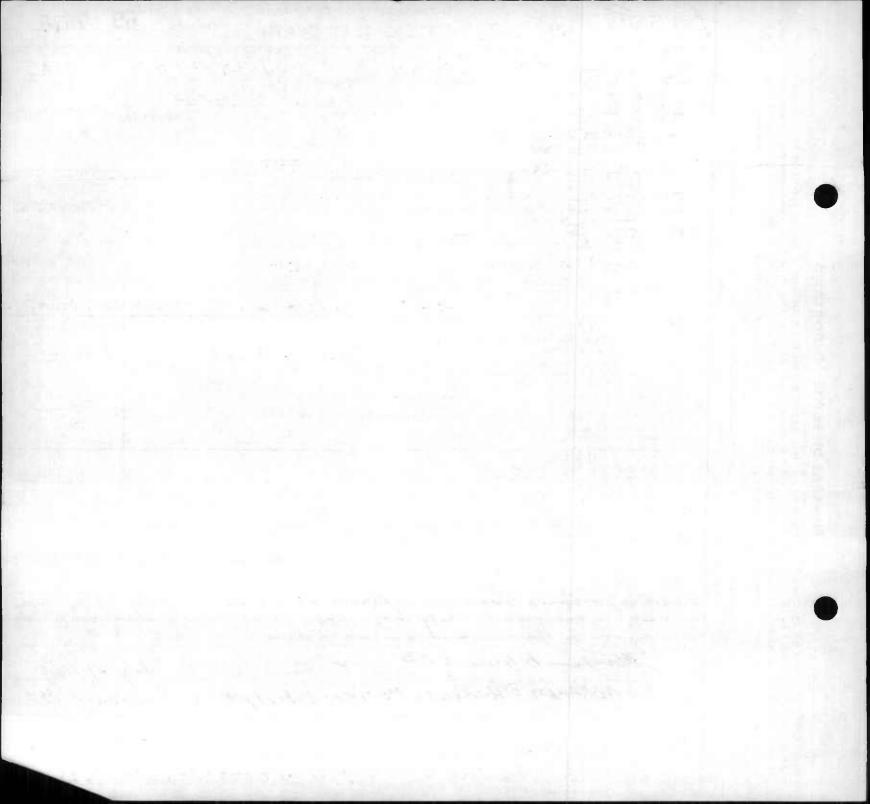
Bull	3-6/	6	69	7675		TE OF DEATH	REG. NO	69	7675
1.1	NAME OF DEC	EASED					NO HOUR OF DEATH		
	pe or Print)	G	RABER,	TALBOT	CHARLES		LY 28, 19		4:40 A.
3.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE IWhe	re deceased lived. If i	nstitution: resi	dence before admission)
II H	LL NAME OF SPITAL OR STITUTION				ON, GIVE STREET	MARYLAND H	OWARD	SIDE CITY LIM	21043 6 36
3	10	CATON	& WIL	SPITAL KENS AV	ENUES	ELLICOTT CI		YES [	ио 🕅
5	FY	6. RACE		MARYLAN			ORE NATIO	NAL PI	KE
	MALE	WHI	TE	WIDOWED	NEVER MARRIED DIVORCED	1 08/05/04 I	9, AGE (In years last birthday)	Months D	Yr. Il Under 24 Hrs. Oys Hours Min.
don	e during most of v	vorking life, ev	e kind at wark en if refired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Slote or lore	gn country)	12. CITIZEN	OF WHAT COUNTRY
12	Sales	man		Nove	elty	MARYLAND		U.	S.A.
	Charle	25		RAber		14. MOTHER'S MAIDEN NAM			
15. (Ye	Was Deceased Lina of unknown)	Ever in U. S. (If yes, give	Armed Force	es? 16.	SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
	NO				2-01-4763	ST AGNES HOS	PITAL'S R	ECORDS	
	18. 4 9	$2 \times 1$			CAUSE OF DEATH				APPROXIMATE INTERVAL
	DISEAS	E OR CONE	O DEATH	ECTLY		Paral man	10 %	07	WEEN ONSET AND DEATH
	(This does no heart failure, o Injury or com	ol mean the	mode of	he disease	DUE TO, OR AS	SE EMPLY SELVE CONSEQUENCE OF:	alauro	orge	
		NTECEDEN'		dea III.)					
	DISEASES O	R CONDITI	ONS, il a	ny, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			*****************
	rise to the UNDERLYING	above co	use (A)	slating the	(c)		Maturi Andono o compos e especi		
ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	RUT NOT RE	LATED TO THE	E TERMINIAL	**************				
RTIFIC	19A. DATE OF	OPERATION	198. COND WAS PERFO	TION FOR WHIC	CH OPERATION	NO	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED ATH?
	21A ACCIDENT OR CONTRIBUT DEATH (notify to	TWAS UND ING CAU medical exom	ERLYING SE OF	218, PLA home, fo	CE OF INJURY (e.g., in arm, factory, street, olf	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimor	e City, give e	roct lacation)
4EDI	21 D. TIME OF INJURY	(Month) (Do	iy) (Year)		URY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
<	[APPROX.]			While A Work	Not While				
	22. I certify t	hot (X) (this	hospitol)	attended the d	eceosed from	ILY 18 1	969 to JU	Y 28	19 69
	that (1) (we) 1				ULY 28				occurred on the date
	ond hour ond	from the co	uses stote	d obove. (1) (W	e) (did) ()(7)( )(d)() vi	ew the body ofter deoth.			
	23A. SIGNATUR	E ) fe	mene	200 %	Atten	de .	Staff Phys.	23R DATE S	GNED 4 29, 1969
	23 C. PHYSICIAN NAME (Typ	HERM	ENEG	il do N	) Gid 1800 2	Craspus Vel	e ald	llen	20
24A	BURIAL CREM	ATION, 248	DATE	24C, NAME	of CEMETERY OF CREA	MATORY  24D. LO	CATION ICI	ly, town, of co	unity) (Stote)
65	VYIAS	7,	131/69	9 Mendo	w Ridge Co	4.4	ard COUNTU	,	Mel
25A.	DATE REC'D	969 12	vers E	Tailer, M.	GISTRAR	25C. FUNERAL DIRECTOR	10, 301	Freder	ADDRESS
				the same		1-1- 1/000 //00	0	1 4 / 3/	

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

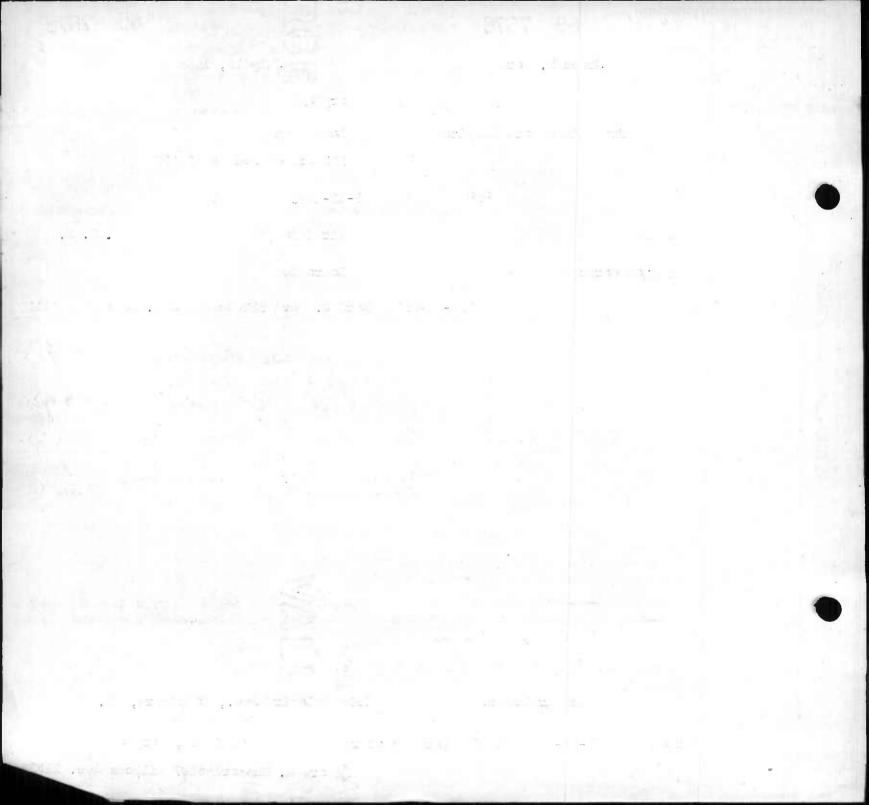
1	2 , ~			BALTIMORE CITY	HEALTH DEPARTMENT		CO MORO
BIRT	3-65 H NO.	0 69	7676	CERTIFICA	TE OF DEATH	REG. NO	
	AME OF DEC e or Print)	LAUR	A JEWE	BROWN	2. DATE A	ULY 27	1569 6:50 A. M.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived.	institution: residence before admission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	Harford	USIDE CITY LIMITS?
9	As	hburton Nursi 20 Hilton Roa	ng Home		Joppa  E. STREET AND NUMBER	7. 3	YES NO
E 6	FV	I/ DACE	77		812 Falconer	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	Female	White	7- MARRIED WIDOWED	DIVORCED 🖾	Sept. 5, 1905	63	Months Days Hours Min.
		working life, even if retired)	10B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	USA
13. 1	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
		George Vale	Griffin		Sarah Kelly		
15. V (Yes	, no or unknown	(If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT	010 011	ADDRESS
Щ	18.4			461-28-8649 CAUSE OF DEAT		gy, 812 Fall	coner Road, Joppa, Md
ATION	DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA	not meon the made of osthenia, etc. It means inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  Il  FICANT CONDITIONS CO TH BUT NOT RELATED TO TO TONDITION GIVEN IN PAR	the disease, death.)  ony, giving stating the NTRIBUTING HE TERMINAL	DUE 10, OR AS	A CONSEQUENCE OF:		
CERTIFIC	19A. DATE OF	F OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or h		RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218 hor etc	ne, form, foctory, street, o	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltin	nore City, give exoct location)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	110	INJURY OCCURRED		NJURY OCCUR?	
		that (I) (this haspite ) lost sow the decease		he deceased from 1 July 22		19 7 tothat in (my) (out) a	July 27 1969 pinlon deoth occurred on the date
			ted above. (	I) ( <del>We) (did)</del> (did not)	view the body after deoth	•	DATE SIGNED
	23A. SIGNATI	Abraham	B. Hu	with MD AH	ending Med.	Staff Phys.	23B. DATE SIGNED  Siely 27 1969
	23C. PHYSICIA NAME (	ANS ABRAHAM	1 B, H	PRWITZ MO	7501 Liberi	Ly Road	Baltinore, MD.
24A	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
	Burial	July 2	3.1969	Trinity Luthe	eran Cemetery	Joppa	Harford y
25A	. DATE REC'D	BY HEALTH DEPT.	238, NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	1111 30	1969 16846	1. Jaba	N.O.	Howard K. M.	Comas & Son	. Abingdon.



S + 5	H-140 69 7677. CERTIFICA	TE OF DEATH REG. NO	7077.			
E U) ITV	Eugene P. Hubbell	July 28, 1969 5:43 PM				
ath on 3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institu	tion: residence before odmission)			
de d	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE	2551			
to to	1032 Haverhill Road		s NO			
d cat aprior	1032 Navellill Road	E STREET AND NUMBER 1032 Haverhill Rd.				
0 0 0	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Under 1 Yr. II Under 24 Hrs.			
egul ased	M WIDOWED DIVORCED X	6-5-05 64				
0 - 0	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY			
- 6 0	Tool & Die Maker Revere Copper & Bras	s Virginia	U.S.A.			
T 5 13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Us Us As			
(4) L	Harry H. Hubbell	Katherine Landis				
- II/Va	Was Deceased Ever in U. S. Armed Forces?  Is, no or unknown! (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT	ADDRESS			
de ce	No 215-10-0213	Betty Matthieson 1600 Clari	don A 21227			
ed dan	18. CAUSE OF DEATH	Hecty Matchieson 1000 Clari	APPROXIMATE INTERVAL			
000	DISEASE OR CONDITION DIRECTLY	Carcinona - lung	BETWEEN ONSET AND DEATH			
atte med	LEADING TO DEATH		10 mb.			
20 2	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:				
act of a ct	injury ar camplication which caused deoth.)					
e g	ANTECEDENT CAUSES (B)					
W N N N N N N N N N N N N N N N N N N N	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove couse (A) stating the	A CONSEQUENCE OF:				
E in in su	UNDERLYING CONDITION last, (C)					
sici was mai	II 6.1	CORIT				
burr physican w rem	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ia. Ou Browlitis				
V = = 0	19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE	DINGS CONSIDERED			
the the re th	WAS PERFORMED	IN CERTIFYING CAUSE	OF DEATH?			
000	121A ACCIDENT WAS UNDERLYING 1 121K PLACE OF INTURY IS A DEC. IN	or obout 21 C. WHERE DID (If In Boltimore Ci	ty, give exact location)			
A P	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off etc.)	hice bidg., INJURY OCCUR!				
		21F. HOW DID INJURY OCCUR?				
(6) ined	OF INJURY (APPROX.)  While At Not While At Work					
pta	WORK C AT WORK	Z-Z8 1964 to 7.	78 1969			
9 0	22. I certify that (I) (this hospital) attended the deceased from	(10)				
(3)	that (I) (we) lost saw the deceased alive an	ond that in (my) (our) aplnion	n death occurred on the date			
ospital death) must b	ond hour ond from the couses stated obave. (I) (We) (did) (did not) v		DATE SIGNED			
dear	23A. SIGNATURE	nding Med. Staff	B. DATE SIGNED			
무수를	DEGREE Phys	i. Director Phys.	my 29 1969			
	NAME (Type!	23D. ADDRESS				
prior	John F. Schaefer	401 Random Road, Baltimore,	Md.			
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, 1	own, or county) (State)			
en	Burial 7-31-69 Loudon Park Cem	netery Baltimore, Mar	vland			
Desegon 25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
25/	IIII Q A 1089 Pose E. Varber, M.A.	Howard H. Hubbard 4107 Wi	lkens A e			

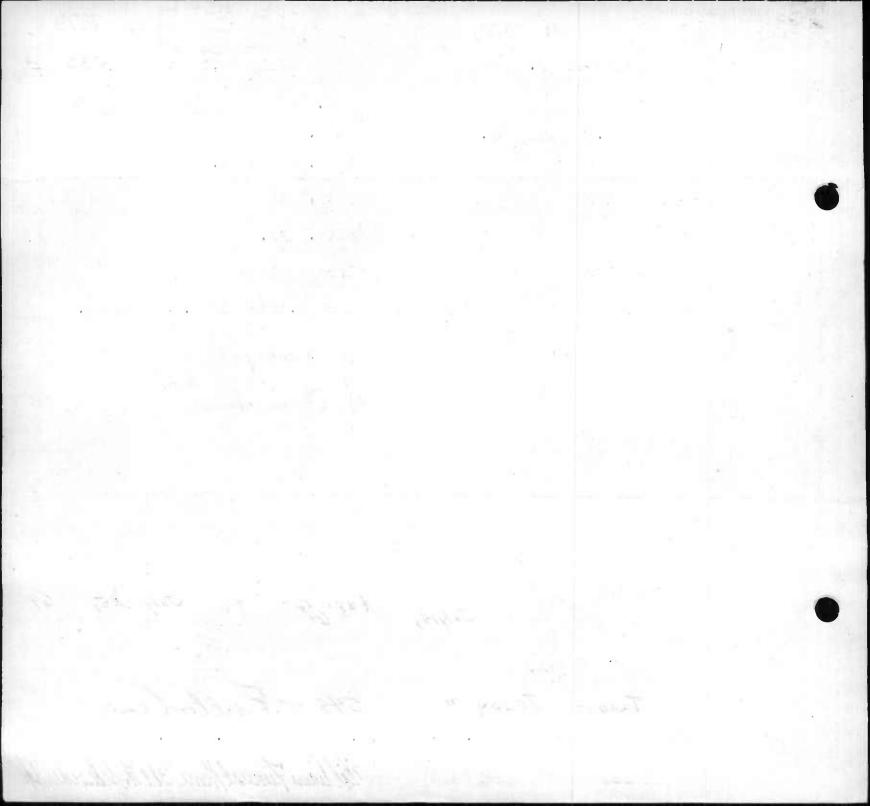
THE THE THE THE THE THE STATE OF the s 

11.7	e or Print)	EASED	T.T				HOUR OF DEATH	1	
	76 01 (1111)	Grace E	. Ward				28, 1969		
FU	LL NAME OF	TIMORE, MARYLAND, V (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	ITION, GIVE STREET	Mary 1a	nd Ra	140. CD.		530
IN	6	Franklin S	quare Ho	spital	Lansd	owne		SIDE CITY LIMITS YES   27	NO 🗌
5. 9		6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRT	H 9. A	GE (In years birthday)	If Under 1 Y Months: Doy	r. If Under 24 s Hours M
IOA	F USUAL OCC	W UPATION (Give kind of wor	WIDOWED OF	BUSINESS OR INDUSTRY	3-12-18		76	112. CITIZEN	OF WHAT COU
don		working life, even if retired)			Virgi		,		S. A.
	FATHER'S NA				14. MOTHER'S				
	W:11:	iam Carlton			Laura	New			
15.	Was Deceased	Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT			ADI	DRESS
(re	No	illit yes, give wor or don	es of service)	230-01-3524	Earl C.	Ward 322	Second A	ve. Lans	downe 212
	heort foilure, injury or cor	LEADING TO DEATH not mean the made of osthenio, etc. It means nplicalian which caused ANTECEDENT CAUSES	the discose, death.)	DUE TO, OR AS	A CONSEQUENCE	lery,	Diseas	e	
_	OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE OF CONTRIB DEATH (notify	OR CONDITIONS, if e abave cause (A) G CONDITION Iost.	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V FORMED  21 B. hom etc.	PLACE OF INJURY (e.g., e, lorm, foctory, street, o	office bldg., INJURY	us-Cer Vives Anol 20 IN		FINDINGS COLAUSES OF DEAT	fH?
AL CERTIFICATIO	other signitor of the DEA DISEASE OR CONTRIB DEATH (notify (APPROX.)	e abave cause (A) G CONDITION Iosi.	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V FORMED  21B. hom etc.) (Hour) 21E. Whi Wor	VHICH OPERATION TO PLACE OF INJURY (e.g., e, lorm, foctory, street, c	20A. AUTON	HERE DID OCCUR?	(If In Bollimo	AUSES OF DEAT	pet locotion)
EDICAL CERTIFICATIO	OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE OF 21A. A CCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (are)	e abave cause (A) G CONDITION Iosi.	DNTRIBUTING THE TERMINAL RT 1 (A). NDITION FOR V RFORMED  21B. hom etc.) (Hour) 21E. Whi Wor	VHICH OPERATION TO PLACE OF INJURY (e.g., e, lorm, foctory, street, c	in or obout 21C. W infice bldg., INJURY	HERE DID OCCUR?  OW DID INJURY  and that i	(If In Bollimo	ore City, give exc	ities (incotion)
EDICAL CERTIFICATIO	OTHER SIGNI TO THE DEA DISEASE OR ( 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1)	e abave cause (A) G CONDITION Iosi.	DNTRIBUTING THE TERMINAL RT 1 (A). NDITION FOR V RFORMED  21B. hom etc.) (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., or foctory, street, or injury occurred le At Not White At Work in edeceased from 7/28	20A. AUTOPS in or obout 21 C. W office bldg., INJURY 21F. HO le	HERE DID OCCUR?  OW DID INJURY  20 19  and that i fter death.	(If In Boltimo	AUSES OF DEAT	ities (incotion)
EDICAL CERTIFICATIO	OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE OF 21A. A CCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (are)	e abave cause (A) G CONDITION Iosi.	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V FORMED  21 B. hom etc. Whi Wor  (Hour) 21 E. Whi wor  attended the ed alive on	VHICH OPERATION TO PLACE OF INJURY (e.g., e, lorm, foctory, street, company of the property of	in or obout 21C. W  20A. AUTOPS  in or obout 21C. W  office bldg., INJURY  21F. Ho  le	HERE DID OCCUR?  OW DID INJURY  and that i fter death.	(If In Boltimo	The City, give exception of th	oct location)  19 6  Courred on the
MEDICAL CERTIFICATIO	OTHER SIGNITO THE DEAD DISEASE OR CONTRIB DEATH (notify (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (modern contribution) and hour and contribution and cont	e abave cause (A) G CONDITION Iosi.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 1988. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF (Month) (Doy) (Year)  (Month) (Doy) (Year)  (that (I) (this hospital last saw the decease d from the causes sta	ONTRIBUTING THE TERMINAL RITTON FOR V RFORMED  21B, hom etc.)  (Hour)  21E, Whi Wor  wited above. (I	VHICH OPERATION TO  PLACE OF INJURY (e.g., e, lorm, foctory, street, c)  INJURY OCCURRED  At Work  At Work  To deceased from  To decease from  To deceased f	20A. AUTON in or obout 21C. W office bldg., INJURY 21F. Ho le	HERE DID OCCUR?  OW DID INJURY  and that i fter death.	OCCUR?  to	The City, give exception of th	ith?  19 Eccurred an the



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

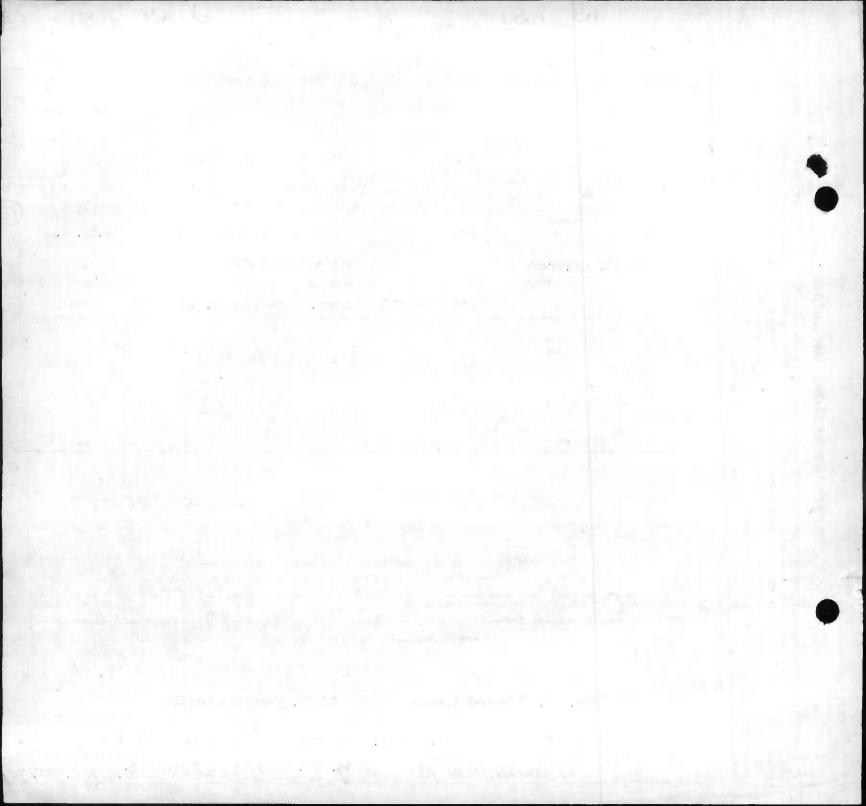
	11 -			BALTIMORE CITY	HEALTH DEPARTMENT		and more	
BIR	1-55 TH NO.		7679	CERTIFICA	TE OF DEATH	REG. NO	69 7675	3
	AME OF DEC	Floretta P	• Hyma:	n	Jul	y 25,1969	5:30	PM.
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WE A. STATE B. COL	here deceased lived. If in JNTY	istitution: residence before	admission)
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Md •	D. INS	IDE-CITY-LIMITS?	
1		02 N. Payso	n St.		Balto.		YES NO	
		•			E. STREET AND NUMBER			
	·				502 N.Payso			
s. s	emale	6. RACE Colored	7. MARRIED WIDOWED		May 15,1913	9. AGE (In years tast birthday)	If Under 1 Yr. If Un Manths Days Haurs	der 24 Hrs. Min.
		JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fa	reign country)	12. CITIZEN OF WHAT	COUNTRY?
	rgani				Balto. Md.			
	FATHER'S NA				14. MOTHER'S MAIDEN N.			
S	amuel 1	Palmer			Clara Palm	len		
15.	Wos Deceosed	Ever in U. S. Armed For	es?	1 6. SOCIAL	17. INFORMANT	rer.	ADDRESS	
(Yes	no or unknown)	(If yes, give war ar date	s of service)	SECURITY NO.	Clara Palme	n EOO N P	loweon St	
	18, // //	0 2 1		CAUSE OF DEAT		T JOE M. F	APPROXIMATE	INTERVAL
	tops 1	E OR CONDITION DIE	ECTLY				BETWEEN ONSET	AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAI	USE 11. Corona	ry a		
		of moon the made of asthenia, etc. It means			A CONSEQUENCE OF	- //	0 _	****
		plication which caused			21 00 -	shumplo d	usles	
	·	ANTECEDENT CAUSES		(8)		thumplo d		
		OR CONDITIONS, if above cause (A)		DUE TO, OR AS	A CÓNSEQUENCE OF:			
		CONDITION lost.	ololling inc	(c)				
_		11						
CERTIFICATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	HE TERMINAL			0 0 0 0 m m m = 0 0 0 0 0 0 0 m m m = 0 0 0 0	***************************************	***********
RTIFIC	19A. DATE OF	OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes ar )	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
DICAL CE	OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examiner)	21 B. ( hame etc.)	PLACE OF INJURY (e.g., e, form, factory, street, a	in ar about 21C. WHERE DID INJURY OCCUR?	(If In Baltimar	re City, give exact locotion	)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		e At At Wark		NJURY OCCUR?		
	22. I certify	that (1) (this haspital	) attended the	e deceased from	Aug. 12-	1967 to Ju	4/4 25,	1969
		lost saw the decease			Q /_//	•	Inian death accurred a	
	ond haur one	from the causes first	ed above. (I)	(We) (did) (did nat)	view the bady after death	1.		
	23A. SIGNATU	RE &					23B. DATE SIGNED	
		Speces	2-	DEGREE Phy	ending Med. pirector	Staff Phys.		
	23C. PHYSICIA	N'S		DEGREE	23 D. ADDRESS	- 1		
	TOPATOLE 1	TURRET	JEUDY	רמי .	549 m.t	1.04001	lake	
244	BURIAL CRE	MATION, 24B. DATE		ME of CEMETERY OF CR	EMATORY 24D.		ity, tawn, ar county)	(State)
1	Burial"	July 3	0/69 Mt	. Auburn C	em. B	alto. Md	•	
2SA	. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	FREGISTRAR	2SC. FUNERAL DIRECT	DR all	ADDRESS	/
	.1111 30	1969 Robert	E. Faller	M.D. O O	Wal leant Fix	Melal Home	319 / WAGNER	ull
					THE WASTER OF THE PARTY OF THE			Y



69	7680 BALTIMOI	RE CITY HEALTH DEP	ARTMENT		
BIRTH NO.	CERTII	FICATE OF [	DEATH	REG. NO	
I NAME OF DECEASED	es Malcolm Jan	man	7-28-19		
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	A. STATE	B. COUNTY	ceased lived. If i	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  5804 Kenmore Road		C. CITY OR TO		D. 1NS	
			Baltimore  E. STREET AND NUMBER		
5004 Kerimor	e Road		Kenmore	Road	
S. SEX 6. RACE	7- MARRIED NEVER MARRI WIDOWED DIVORC	二		GE (In years birthday) 66	
IOA. USUAL OCCUPATION (Give kind of wa done during most of warking life, even if retired)					
13. FATHER'S NAME	3		Queenstown, Maryland		
Charles H. Jarman			Elizabeth Wallis		
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give war ar da)	erces? 16. SOCIAL SECURITY NO	17. INFORMAN	IT		
No	217-09-2		. Charles	M. Jar	
injury ar camplication which couse  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if tise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATED TO	S (B)	), OR AS A CONSEQUEN	ICE OF:		
O DISEASE OR CONDITION GIVEN IN PA		N 20A. AUTO	PSY? (Yes ar No) 201	B. IF YES, WERE	
WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)		RY (e.g., in ar about 21 C. street, office bldg., INJU	WHERE DID	(If in Boltimo	
21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	While At	RED 21 F. I	HOW DID INJURY	OCCUR?	
22. I certify that (I) (this haspite that (I) (we) last saw the decease and haur and from the causes storage. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ated alive an	Attending Phys.    23D. ADDRESS		. 🗀	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 7-30-1	24C. NAME of CEMETER	DEGREE	24D. LOCA		
2SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		RAL DIRECTOR		
1111 30 1969 movest &	Jaiber M. B)	30 3.	V4905 Hor	& Son!	

6:30 ar. m. nstitution: residence before admission) IDE CITY LIMITS YES T NO [ If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same man APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FINDINGS CONSIDERED re City, give exoct lacation) inlan death accurred an the date 23B. DATE SIGNED ity, town, or county) (State) n-Fairlee, Md. TH DEPT. 25B. NAME OF REGISTRAR 2SC, FUNERAL DIRECTOR
We senkins ADDRESS 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

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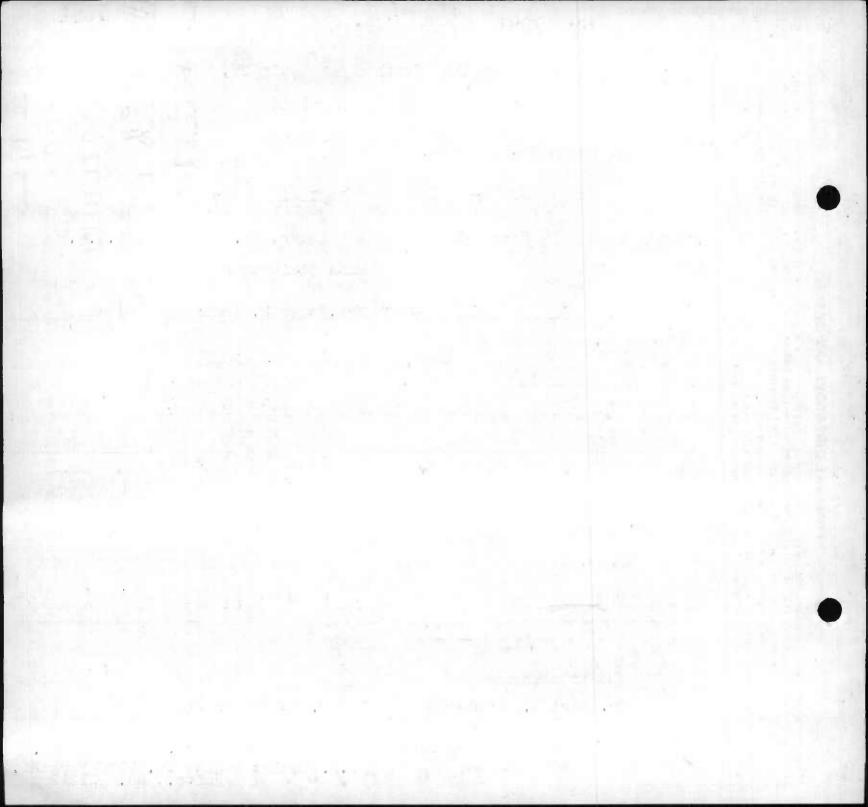
a hospital

		Y HEALTH DEPARTMENT	69 7681
BIRTH NO.	7681 CERTIFICA	ATE OF DEATH REG. NO	1001
1. NAME OF DECEASED (Type or Print)  Anna 3. PLACE IN BALTIMORE, MARYLAND, W	Begnelle North	2. DATE AND HOUR OF DEATH  July 28, 1969  4. USUAL RESIDENCE (Where deceased lived, If i	8.30 A.
	AL OR INSTITUTION, GIVE STREET	Maryland  c. CITY OR TOWN  D. INS	27/2 SIDE CITY LIMITS?
90 Long Green	Nursing Home	Baltimore E. STREET AND NUMBER 6412 Blenheim Road	YES. NO
5. SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 2/16/1882  9. AGE (In years lost birthday) 87	If Under 1 Yr. If Under 24 H Months: Doys Haurs Min.
tOA, USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Secretary	Hospital	Bal timore. Md.	12. CITIZEN OF WHAT COUNT
John Begnelle	1100002001	14. MOTHER'S MAIDEN NAME Emma Claibourne	U.D.R.
15. Was Deceased Ever in U. S. Armed Far (Yes, na arunknown) (If yes, give wor ar date	s of service) SECURITY NO.	17. INFORMANT  Mrs.Roger E. Pumphrey	ADDRESS (Same)
DISEASE OR CONDITION DIE LEADING TO DEATH  (This daes nat mean the made of heart failure, asthenia, etc. It means injury at camplication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it rise to the above cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.)  (A) IMMEDIATE CA DUE TO, OR AS  (B)	C+. 11 +	APPROXIMATE INTERVALE BETWEEN ONSET AND DE
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER	HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY le.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If In Baltima ffice bldg., INJURY OCCUR?	re City, give exact lacation)
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED  While At Not Wh Work At Work		softh .
that (1) (we) lost saw the decease and hour and fram the causes state	11/ 6/	19 G ond that In (my)	) - /
23A. SIGNATURE Earl & Cham 23C. PHYSICIAN'S NAME (Type) Dr. Earl	L. Chambers	Med. Staff   Director   Staff   Director   Phys.	23B. DATE SIGNED 7/29/69
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  25A. DATE REC'D SY HEALTH DEPT. E.	24C. NAME of CEMETERY OF CE  69 Loudon Park  [258. NAME OF REGISTRAR	REMATORY 24D. LOCATION 10  Baltimore 125C. FUNERAL DIRECTOR	ity, town, or county) (State  Md.  Appress York R

Burial 7/31
25A. DATE REC'D SY HEALTH DEPT.
JUL 3 0 1969 VS 150-REV. 1/1/6B

Baltimo

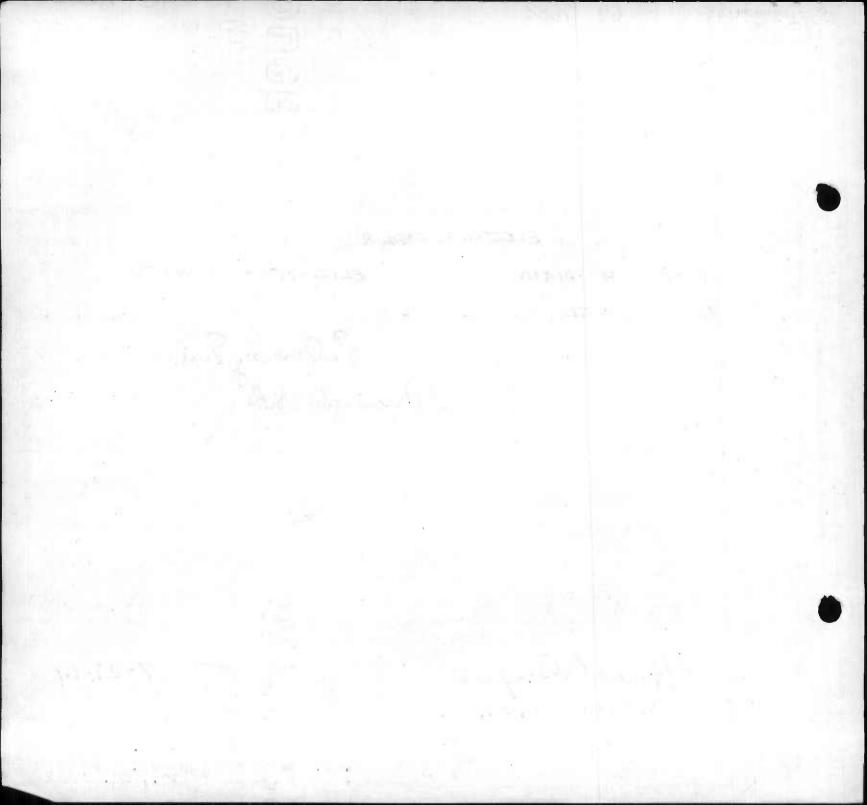
25c. FUNERAL DIRECTOR
H. Jenicins & Son 905 Y Sons Balto ork 212 Co. Rd. 21



a hospital and

CERTIFICATE OF DEATH the Such t or contributing cause of death Undetermined cause; (5) Deceased BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print). ПО 28 Saac ath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED ance A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN Ö ane HOSPITAL OR ADDRESS OR LOCATION attend 0 Keswick Baltimore prior E. STREET AND NUMBER 700W 40 made S. SEX 9. AGE (In years 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH deceased ost birthday 29 WIDOWED DIVORCED IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Balto G ITO Mary the MOTHER'S MAIDEN NAME SAAC 15, Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) ELIZABE 00 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance -8090 1 R. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY gular atter embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if any, giving DUE TO, OR to the above cause (A) stating the UNDERLYING CONDITION last. the remains physician was 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) ũ 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) CERTIF WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital °N MEDICAL DEATH (notify medical examiner) any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) Work At Work pub 22. I certify that (1) (this haspital) attended the deceased fram 19 69 death); Sie that (1) (we) last saw-the deceased alive an pe of hospital and have and from the causes stated above. ((1) (We) (did) (did not) view the body after death. the body was released written approval must An accident Attending Med. Staff prior to Phys. Director Phys. O 23 C. PHYSICIAN'S 23 D. ADDRESS 40 NAME (Type) E. Hunter Wisson, Jr., M.D. 700 24D. LOCATION D.O.A. 24A. BURIAL CREMATION, 248, DATE deceased 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) shows: Burial Greenmount Baltimore MOS 25C. FUNERAL DIRECTOR 2SA. DATE REC'D BY HEALTH PENT. Sons Balto VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT PM. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS YES NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 19 and that in (my) (aur) aplaian death occurred on the date 238, DATE SIGNED Street, town, or county)

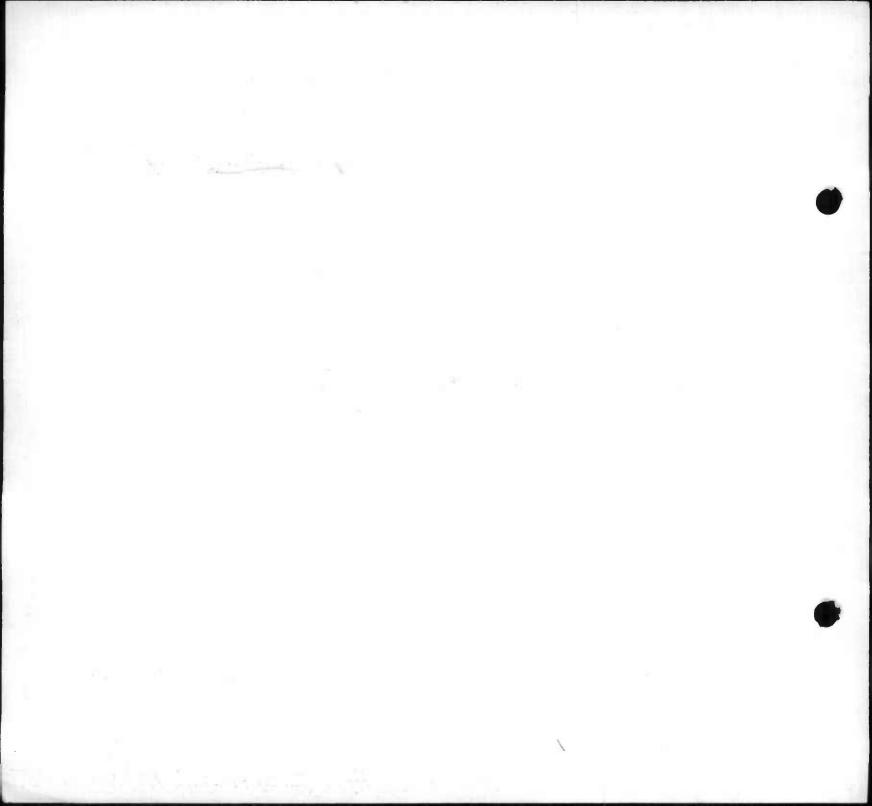


	1 0	-00	BALT	IMORE CITY	HEALTH DEPAR	RTMENT		69	768	3
BIRTH NO.		768	S CER	RTIFICA	TE OF DE	ATH	REG. NO.			
(Type or Print)		NELIU	S J.	DREXE	=/	1	D HOUR OF DEA	1969	545	0
3. PLACE IN BA			RONOUNCED DEA			ENCEUWher	e diceased lived.	[ institution:	residence hele	M.
FULL NAME OF HOSPITAL OR			INSTITUTION, GIVE		MARY L	N	D. I	NSIDE CITY	120	2
UNION	MEMO	RIAL H	HOSPITAL		E. STREET AND	MORE NUMBER 30th		YES U	PT. 10	
5. SEX	6. RACE	7			8. DATE OF BIRTI					
MALE	W	WIDO		ORCED	03/01/	05	9. AGE (In years lost birthday)	Months	Doys Hou	Under 24 Hrs.
10A. USUAL OC	CUPATION (Give kill working life, even	nd of work 10 B. KIT	ND OF BUSINESS	R INDUSTRY	11. BIRTHPLACE	State or larei	gn country)	12. CI1	IZEN OF WH	AT COUNTRY?
	ETIRES	-CASHI	ER	CO.			MARYLA	ND &	PMERI	CAMS
13. FATHER'S NA		DREXE	=/		14. MOTHER'S M		HOPK	EU		
	d Ever in U. S. A		1 6. SOCIAL		17. INFORMANT					
No.	ml (II yes, give w	or doles of ser	2/8-/3	7 NO.	CHAP	2T).M	195 HE	CEN	M. ()	REXEL
18,	0.9		CAUS	E OF DEATH		7			APPROXIMA	TE INTERVAL
DISEA	SE OR CONDIT				Mus	condia	1 interior	1-	BETWEEN ONS	CI AND DEATH
(This door	LEADING TO			MEDIATE CAUS		andur	c my	4		
heart failure	not mean the i	I meons the dis	e.g., Di	JE TO, OR AS A	CONSEQUENCE			**********	***************************************	
injury or ca	mplication which	caused death.)			1-1		levsis			
	ANTECEDENT	CAUSES	(p)		H31	enosc	(evostes			
DISEASES	OR CONDITION	4S, il any, g	iving Di	JE TO, OR AS	CONSEQUENCE	OF:	**********	*************		
UNDERLYIN	he abave could	se (A) sloting	1he (C)							
			(0)			***************************************		*******	2.0	***************
OTHER SIGNI	II FICANT CONDITION	ONS CONTRIBUT	ING						1211	Some
E TO THE DEA	TH BUT NOT RELA	JED TO THE TERM	NAL			************			018	1 M
	F OPERATION 1	9B. CONDITION VAS PERFORMED	FOR WHICH OPER	ATION	20A. AUTOPSY	? (Yes or No)	208, IF YES, WEI	RE FINDINGS CAUSES OF	CONSIDERE DEATH?	D
U 21A. ACCIDE	INT WAS UNDER	LYING	21 B. PLACE OF I	NJURY (e.g., In	or obout 21 C. WH	ERE DID	(If to Baltin	nore City oi	ve exoci locotic	
O DEATH (notif	TING CAUSE  y medical examin	OF _	home, form, focto	ory, street, olfi	or about 21 C. WH	O C CU III	» III <b>3</b> 3 1 1 1	nore Chy, gi	re exoct locolic	711)
OF INJURY	(Month) (Doy)	(Yeor) (Hour)	21E INJURY OC		21 F. HO	W DID INJU	RY OCCUR?			
(APPROX.)			While At	Not While At Work			_			
22. I certify	that (1) (this i	nospital) atten	ded the deceased		ul4 / 9	11	969_to	hely.	28	19.69
1	) last sow the		1 4 -		019.69		t in (my) (our) o	pinion dea		
ond hour an	d fram the cou	es stated aba	ve. (1) (We) (did)	(did not) vi	w the body oft					
23A. SIGNAT	URE	0.0					1		TE SIGNED	
	g	obravou	y M	DEGREE Phys.		d. Sector S	hys.	15/	28/69	r
NAME (	AN'S Typel	SSAR 1	. BRAVO	M.D.	UNION	ME	MORIAL	(40SP1	TAL	
24A. BURIAL CRI	MATION, 248.	PATE 2	C. NAME of CEM	DEGREE ETERY of CREA		24D. LO	CATION	(City, town,	or county)	(Stote)
Burial	(Specify)		New Cath				ltimore			Md.
25A. DATE RECT	1 19hq P		ME OF RESIDER		2SC. FUNERAL	DIRECTOR		<i>a</i> 1	ADDRESS	
JOLO	0 1000		1 5-9		Ham . Se	ukruā	& Sons		705 X9	rk Rd.

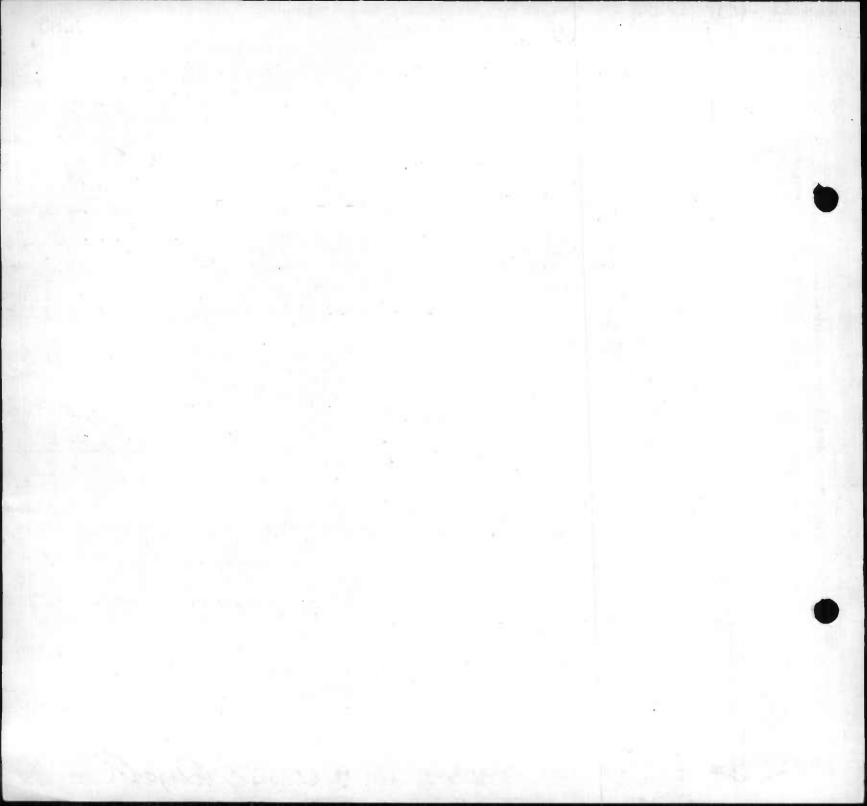
I State of Maria

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

	M BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 69 7684 CERTIFICA	TE OF DEATH REG. NO. 69 7684
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Maryland Mrs. Ella Ldn	rever 7/27/69 11/ PM M
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	c. CITY OR TOWN D. INSIDE CITY LIMITS?
	Maryland General Hospital	E. STREET AND NUMBER OF STORT
900	48	5/8 STREET 1702
5	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (in years   If Under 1 Yr.   II Under 24 Hrs.   Months Doys Hours   Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11 SIRTHDI ACE (State or legion country)
	done during most of warking life, even if refired)	
	Housewife	TENN. US
2	company /	Hatie Ervin
3	15. Wos Deceased Ever in U. S. Armed Forces?   116. SOCIAL	17. INFORMANT ADDRESS
3	(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Broth.
	NO	Willie Brown 3119 Wylie five. Mg
2	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH  [This does not meon the made of dying, e.g.,   (A)	
3	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES  Metas	Take Pancrate Carenna
	(B)	A CONSEQUENCE OF:
3	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	(6)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	170A
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (A.S.)	20A-AUTOPSY? (Yes or No) 20R, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Co continued in the con	or obout 21 C. WHERE DID (II In Boltimore City, give exact location)
	DEATH (notify medical examine)	RCO DIAGO INJUNY OCCUR
3	21D-TIME (Month) (Doy) (Yeot) (Hout) 21E INJURY OCCURRED  OF INJURY  While At The Net While	21F. HOW DID INJURY OCCUR?
3	(APPROX.) While At Work Not While	°□
	22. I certify that (I) (this hospital) attended the deceased from	
		19ond that in(my) (our) opinion death occurred on the date
	and hour and from the couses stated obave. (1) (We) (did) (did nat) v	
	23A- SIGNATURE	oding Med. Stoff V
	DEGREE Phys	nding Med. Staff Director Phys. 7/27/69
	NAME (Type)	
<ol> <li>11</li> </ol>	24A- BURIAL CREMATION, 24B. DATE 24G-NAME OF CEMETERY OF CRE	Maryland General Hospital  MATORY  240. LOCATION (City, lown, or county) (Stote)
	REMOVAL 7-31-69 HighLand C	
	25h. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS
	III 30 1969 Robert E Jaber M.D.	Arlington S. Phillips 1727 N. Monroe ST.



V	BALTIMO	RE CITY HEALTH DEPARTMENT
	IH NO.	FICATE OF DEATH REG. NO. 69 7685
	IAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. 1	BOOKER, Betty (Bettie V PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 28, 1969 3:05 A. M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
FU HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI DISPITAL OR ADDRESS OR LOCATION) STITUTION	Maryland J. 502  C. CITY OR TOWN D. INSIDE CITY LIMITS?
9	7/)	Baltimore YES NO
Bo	olton Hill Nursing & Convalescent Ctr	
S. S	MIDOMED A DINOBO	69
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN eduring most of working life, even if retired)	
13.	FATHER'S NAME Abraham Sheppard	West Virginia, Berry U.S.A.
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Betty Bowler KNYKKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Yes	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO	TICA
_	No . 232-40-49 CAUSE OF	
	(This does not meen the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (A) IMMED DUE TO	Juletes relletes years
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL CE	2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU home, lorm, foctory, DEATH (notify medical examiner)	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) street, office bldg., INJURY OCCUR?
MEDIC	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCUR OF INJURY (APPROX.) While At Work	RED 21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (I) (We) (did) (did)	and that in(my) (aur) apinian death accurred an the dote d nat) view the bady after death.
		23 B. DATE SIGNED
	23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	Attending P Med. Shaff 7 /2 // C
	23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 124B. DATE  124C. NAME of CEMETER	Attending D Med. Staff Phys. 5 Taff Phys. 7/28/69
	23C. PHYSICIAN'S NAME (Type)  A. BURIAL EREMATION, 24B. DATE 24C. NAME of CEMETER BUY 10 1 7/3/69 Carver M	Attending W Med.  Phys.  23D. ADDRESS  PEGREE  PORT OF CREMATORY  24D. LOCATION  (City, town, or county)  (Stote)
24A	23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETER  BUY 10 7/31/69 Carvey M	Attending W Med. Staff Phys. 7/28/69  23D. ADDRESS  PEGREE VE PENST BEDME YEAR  Y OF CREMATORY  24D. LOCATION (City, town, or county)  EM, Park Balto, Mal



1 M-460 69 7686 BALTIMORE CITY HEALTH DEPARTMENT

	MEDICA	AL E	XAMINER'S C			DEAT	H REG. NO	69	7686
	RTH NO.								
	NAME OF DECEASED  Pe or Print)  DOROTHY M	ILLE		2. DATE OF DEATH	Known X Estimoted	July	27, 1969	9 Year	7:54 P <sub>M.</sub>
FU	PLACE IN BALTIMORE, MARYLAND, WHERE LL NAME OF (IF NOT IN HOSPITAL OR I SPITAL ADDRESS OR LOCATION)			3. DATE	OUNCED DEAD	Month July	27, 1969	Yeor 9	7:54 P.M.
OI	Johns Hopkins Hos	pita	1	5. USUAL A. STATE	RESIDENCE (Where		ed. If Institution: B. COUNTY	residence	
	71- No		NEVER MARRIED	C. CITY O			D. INSIDE CIT		
9.	DATE OF BIRTH 10. AGE (In years	OWED H L Mor		E. STREET	AND NUMBER	111			NO U
_	BIRTHPLACE(State or foreign country)		CITIZEN OF	13. FATHE	1953 N. Co	ollingt	on Stree	et	
	Baltimore, Maryland  LUSUAL OCCUPATION (Give kind of work) 148. Ki		WHAT SOUNTRY? BUSINESS OF INDUSTRY		id Chest		ller		
do	student			Sara	h Elizab				
	WAS DECEASED EVER IN U.S. ARMED FOR s, no or unknown) (If yes, give wor or dotes of service)		SECURITY NO.	Mr .	David C.	Mill		DRESS	Collingt
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e. heort foilure, osthenlo, etc., it meons the diseon injury or complication which coused death.)  ANTECEDENT CAUSES	ie,	(A)IMMEDIATE C DUE TO, OR A	AS A CONSE		nd of a	abdomen	62.7	VEEN ONSET AND DEATH
z	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	NG HE	(B)	AS A CONS	EQUENCE OF:				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	RMINA	}						
CERT	20A. DATE OF OPERATION 20B. CONDITIO	N FOR	WHICH OPERATION WA	S PERFOR	MED			21. AUTO	Yes
MEDICAL	of injury betwn: 12.	hom	PLACE OF INJURY(e.g., e, farm, foctory, street, office HOME 22E.INJURY OCCURRED WHILE AT NOT	bldg., etc.)	1953 N. Co	ollingt	on St. (		lr.bedroom)
	(APPROX.) 7/23/69 4:3	Opn.	WORK AT W	WHILE X	Shot sel	£			
	ACTUAL SIGNATURE EXAMINER'S Charles S.	7	Inspection Autoricident Suicident Suicident M.D.	ASS	and that on the control of the contr	Undetermit EXAMINER EXAMINER	ned manner	7	DATE SIGNED
	A. BURIAL CREMATION, 24B. DATE MOVAL (Specify)	2	4C. NAME of CEMETERY				(City, town,	or county	) (Stote)
25	Burial 7-31-69 A. DATE REC'D BY HEALTH DEPT. 1258		Arbutus Me		FUNERAL DIRECTO		more, l	DRESS	and
		-	er, M.D.						Laurens St
V\$	151 REV. 7/1/68 // 8791	y.	5 9 0 0	0 7	676				

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	5-520 00 70		HEALTH DEPARTMENT		69 7687.	
	BIRTH NO. 69 76	87 CERTIFICA	TE OF DEATH	REG. NO		_
	1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH		
	1953er Lee Jimms		7/26/	109	1 8122 F	2
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If in	stitution residence before admissi	ion
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYLAN	D	1501	
	HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?	
	38		BALTIMORE		YES NO	
	University Hospital		E. STREET AND NUMBER	an St.		
	5. SEX 6. RACE 7. MARR WIDOW	NEVER MARRIED DIVORCED DIVORCED		AGE (In years st birthdoy)	If Under 1 Ys. If Under 24 h Months Days Hours Min	rirs.
1	10A, USUAL OCCUPATION (Give kind of work 10B, KIN I	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUN	TRY
	UNEMPLOYED			olina	U.SA.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
	LEO \$1MMS &		ESSIE SIMM	15 1521	Tressman St.	
	15. Was Deceased Ever in U. S. Armed Faices? (Yes, no as unknown) (If yes, give war or dotes of servi	ce) SECURITY NO.	17. INFORMANT		ADDRESS	
	ND 3	~7.	ESSIE SIMM.	S		
	18. 3 4 4 , 0 1	CAUSE OF DEATH	1		APPROXIMATE INTERVA	
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Parling 1	11 100		
	(This does not mean the made of dying, heart foilure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS A		ARY ARR.	csT 3 hours	10
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, give	(B)	A CONSEQUENCE OF:		***************************************	
	rise la the abave cause (A) staling UNDERLYING CONDITION last.	The (c) Rheuma	hi Heart Disease E	MI, MS.		
	7					_
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL				•
	198. CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
	OR CONTRIBUTION OF CALLES	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, off	or about 21C. WHERE DID	(If In Bollimore	e City, give exoct location)	
	DEATH (notify medical examine)	elc.)				
I	S OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?		_
$\ $	(APPROX.)	While At Not While At Work				
$\ $	22. I certify that (1) (this hospital) attended	ed the deceased fram	July 26 19	69 to 8:22 Pi	n July 26 1969	_
	that (Dive) lost saw the deceased alive a	_ (/		In (my) (aur) apin	nian death accurred on the d	ate
	and hour and from the causes stated above	(I) (We) (did) (did nat) vi	lew the bady after death.			
	23A. SIGNATURE	44.0		T .	23B. DATE SIGNED	
11	Barbara Brack	and MD Atter	nding Med. Sh	off C	7/26/69	

Barbara Brailman Attending Phys. 23C. PHYSICIAN'S NAME (Type)

23 D. ADDRESS

7/26/69

HRBARA BRAITMAN M.D. DEGREE

1, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY

1, 7/30/69 Mt. Auburn Cemetery 24A. BURIAL CREMATION,

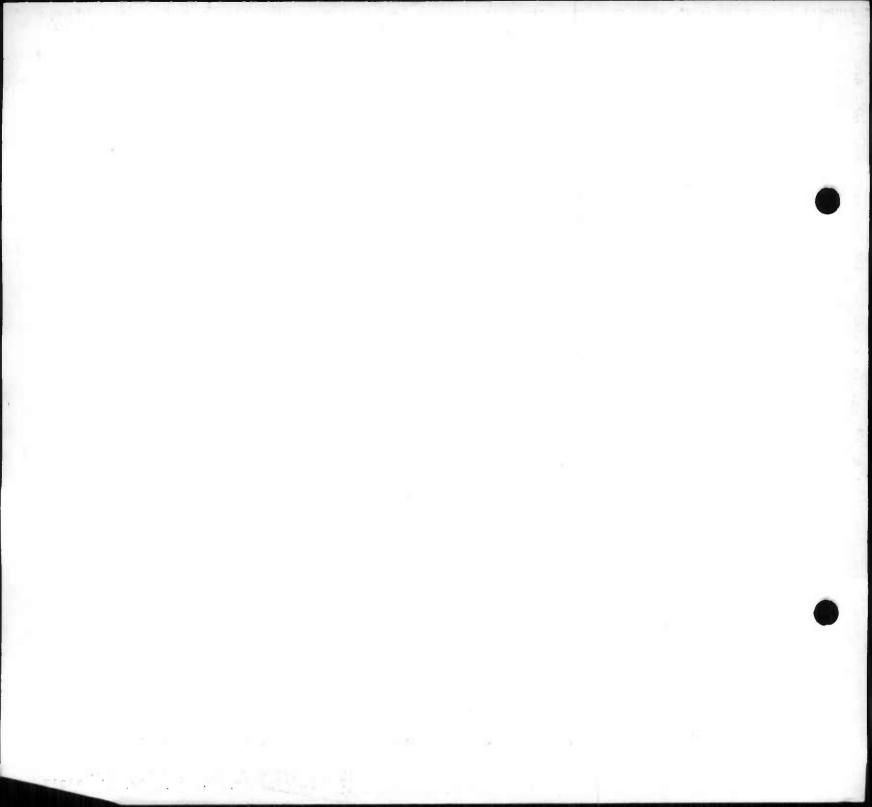
Lniversity Baltimore, Maryland

(Stole)

0 1969 Rober E. Jaber VI. B

VS 150-REV. 1/1/68

MOBTON & DYETT ADDRESS FUNERAL HOMES Md. INC.



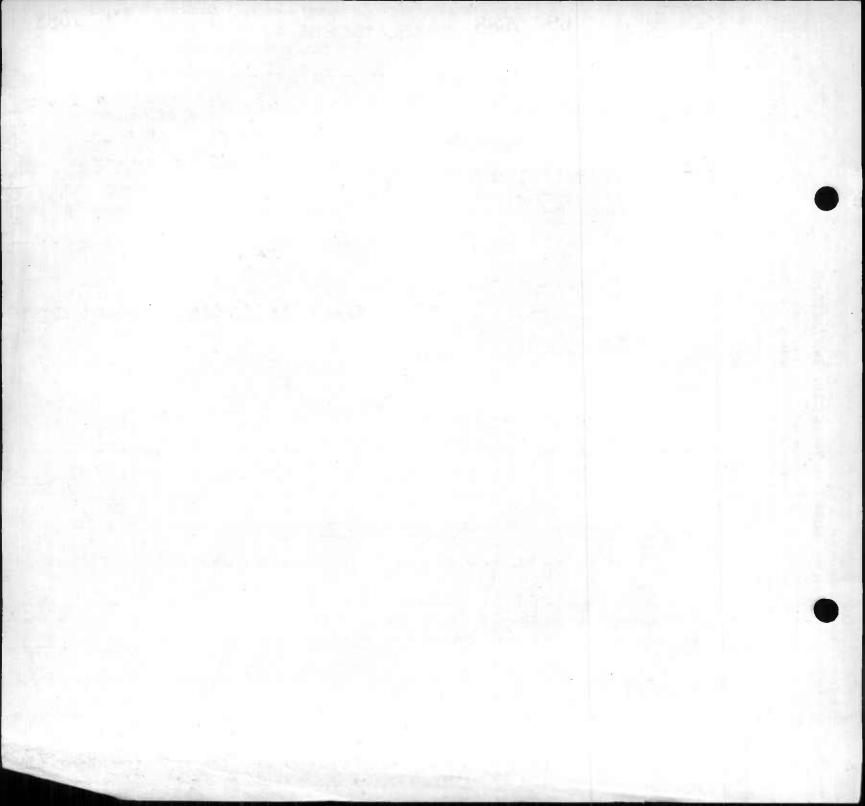
### IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH haspital and use af death Such Deceased BIRTH NO I. NAME OF DECEA (Type or Print) 0 BO 4 60 F F death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION 19dry/24 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 10 0 cause; SOUTH BALTIMORE GENERAL priar E. STREET AND NUMBER contributing occurred 2502 etermined is made. in regular S. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED deceased WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) IOA. USUAL OCCUPATION (Give kind of work TOR KIND OF BUSINESS OR INDUSTRY death dispasition done during most of working life, even if retired (4) Und Was the 13. FATHER'S NAME MOTHER'S MAIDEN NAME direct RONALD GOFF

15. Was Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) assistant death 9 6. SOCIAL ar final SECURITY NO. attendance any CAUSE OF DEATH pronaunced DISEASE OR CONDITION DIRECTLY Alsa, embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF regular heart foilure, osthenio, etc. It means the disease, the chief medical examiner examiner. injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, DUE TO, OR AS A CONSEQUENCE OF rise lo the obove cause (A) stoting the physician UNDERLYING CONDITION last. the remains burns; Was 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Bady 20 A AUTOPSY? (Yes or No) the 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 0 WAS PERFORMED obtained before to the haspital by 5 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF Na MEDICAL DEATH (notify medical examined any nature; by 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) pub appraved (except White At Not While (A PPROX.) Work At Work 22, I certify that (1) (this haspital) attended the deceased fram . pe that (1) (we) last saw the deceased alive on of haspital death) and haur and fram the couses stated abave. (1) (We) (did) (did nat) view the bady after death. must An accident the body was release 23A. SIGNATURE must Attending [ Med. 10 appraval 0 23C. PHYSICIAN'S 23D. ADDRESS prior 40 NAME (Type) 4 24A. BURIAL CREMATION, deceased D.0 REMOVAL (Specify) written 7-055 Cemetery shaws: SD M 2SC. FUNERAL DIRECTOR NAME OF REGISTRAR

REG. NO 2. DATE AND HOUR OF DEATH 969 6 USUAL RESIDENCE (Where deceased lived. If institution: residence STATE 8. COUNTY D. INSIDE CITY LIM YES X NO 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoy Hours 2. CITIZEN OF WHAT COUNTRY? ADDRESS 2502 Marburna APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il in Boltimore City, give exoct location) ond that in(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED 1501 E. Fort

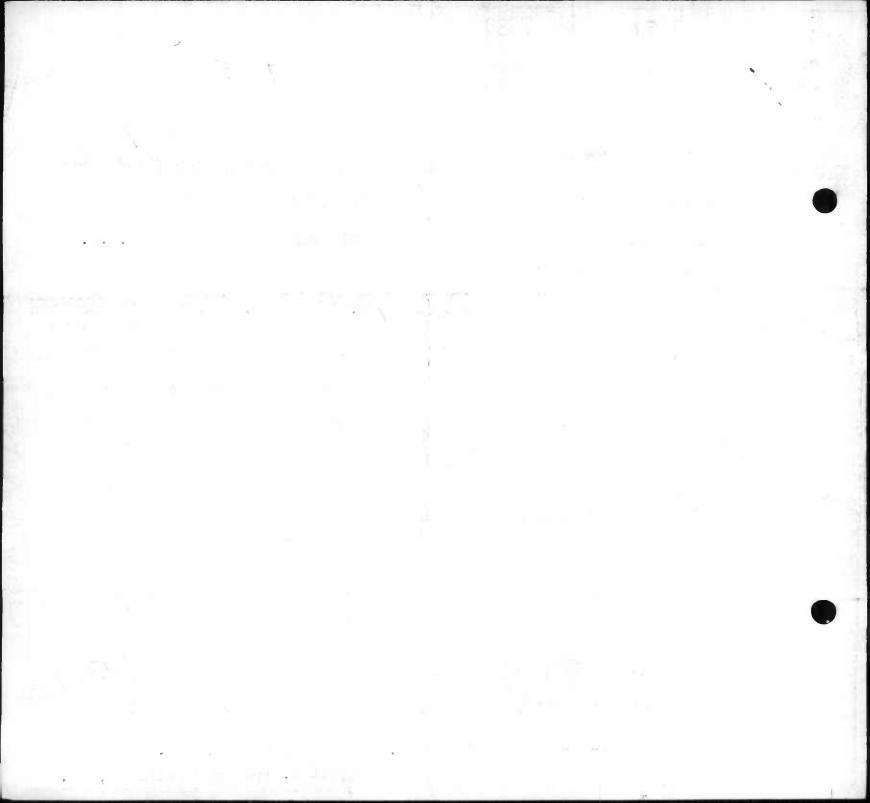
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the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 133986

	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 7689
	1. NAME OF DEPASED (Typo or Print) Boyke Salmoiraghi	2. DATE AND HOUR OF DEATH
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
		Bethesda YES NO NO
144	The Johns Hopkins Hospital	8216 Hamilton Spring Court 20034
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr., if Under 24 Hrs., Months: Days: Hours: Min.
	Female White WIDOWED DIVORCED 100A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY	11/29/20 48
	done during most of wasking life, even if refired)	
I	Architect	Bulgaria U.S.A.
	Svetoslav Akrabooff	Liuba Shileva
	(Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	Dr. Charles H. Talbott 8217 Hamilton
	NO 293-26-745	
	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	cardiac arrest 5min
		A CONSEQUENCE OF:
	injury ar complication which caused death.)	I EEG for post 2 days
I	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (C).	A CONSEQUENCE OF:
	_ 11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  174. MATE OF OPERATION 178. CONDITION FOR WHICH OPERATION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 17 218. PLACE OF INJURY (e.g. in 1997)	
	ODISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY7 (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
I	E 17/16/69 WAS PERFORMED Stempses	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		n or about 21 C. WHERE DID (If in Baltimore City, give exact location)
	▼ DEATH (notily medical examiner)	INDEX OCCUR:
	21D. TIME (Month) (Doy) (Yearl (Hour) 21E INJURY OCCURRED W (APPROX) While At 77 Not While	21F. HOW DID INJURY OCCUR?
	Work At Work	<u>'</u>
	22. I certify that (I) (this hospital) attended the deceased from	7/16 19 67 to 7/20 19 69
I	that (1)(we) last saw the deceased alive an	19and that In(my) (aur) apinian death accurred an the date
I	and have and from the causes stated above. (I) (We) (did) (did not) v	
	Umantf. Wale MD Atter Phys	nding Med. Sheff 7 669
	23 C. PHYSICIAN'S NAME (Type)	3D. ADDRESS
	Vincent Reale, M.D.	The Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stotel
	Buriel 7-28-69 Parklawn Cem.	Rockville Md.
	JUL 3 0 1969 Joben E. Jane OF REGISTRAR	Robert A. Pumphrey Bethesda, Md.
١Ę	6 1c0 cm / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

5-524 69 7690 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. NO. 69 7690	
DIKITI 140,	
The state of Deceased Schwingle Serah Elizabeth 2. Date and Hour of Death 127/69 45	AA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where decedsed lived, If institution: tesidence belote odmissic R. COUNTY	on)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	0
University Hosp.  E. STREET AND NUMBER 7107 Ella Ave 2/219	_
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 2. 9/198/ WIDOWED DIVORCED 2/9/198/ Nonths Doys Hours Min.	irs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or lorgical country) 112. CITIZEN OF WHAT COUNT	TRY?
done during most at warking life, even if retired)	
13. FATHER'S NAME 14. MOTHER'S MARDEN NAME	
Excesinus Wellington Heleh Dietor	
15. Was Deceased Ever in U. S. Armed Forces? 116 SOCIAL 17. INFORMANT	
10 ECURITY NO. SECURITY NO. 579-32-9746 TE (20 A AVROLD TIO) E (2 AVROLD TIO) E (2 AVROLD TIO) E	je_
18. APPROXIMATE INTERVAL	
DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH	ATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE  DUE 10, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES	
(B) Charles the material	
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:  rise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  204 AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF hame, foctory, street, affice bidg. INJURY OCCUR?	
OF INJURY (Month) (Doy) (Year) (Haud) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
CAPPROXJ   While At Wark   At Wark	
22. I certify that (1) (this haspital) attended the deceased from 7/1/6/19 to 7/27/6/19	
that (1) (we) last saw the deceased alive on 2/27 19/67 and that in (my) (our) pinion death occurred on the de	ate
and hour and from the causes stated above. (1) (We) (ald) (ald left left) view the body after death.	
23A. SIGNATURE	
Altending Med. Staff Director Phys.	
23C. PHYSICIANS 23D. ADDRESS	-
RONEL WOOF	
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote)	_
Burial 7/30/69 Cedar Hill Cemetery Suitland Maryland	
20 4000 00 00 700	_
111 30 1969 Vaber E. Jaber M.D. O Lee Randral Home 300 4th St N.E. W.	ash

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D-425 69 76	004	Y HEALTH DEPARTMENT  REG. NO.	09 7691
BIRTH NO.	CERTIFICA	ATE OF DEATH	
NAME OF DECEASED  Type or Print)  Incoronata	D'Alessandro	2. DATE AND HOUR OF DEA	11/69 700
B. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admis-
FULL NAME OF (IF NOT IN HOSPITAL O HOSPITAL OR ADDRESS OR LOCATION NSTITUTION	R INSTITUTION, GIVE STREET	Md.	26 43 NSIDE CITY LIMITS?
an	Join Pond	Baltimore  E. STREET AND NUMBER	YES NO
House in Pines, Be	Tail Moad	3502 Elmley Avenue	
TP W	ARRIED NEVER MARRIED DOWED DIVORCED	April 24, 1886 9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUN
one during most of warking life, even if retired)		Italy	Italy
Housewifs 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Pasquale D'Aless		Gra <b>zia</b> ?	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (It yes, give wor or dotes of	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-03-7413	Mrs. Jane Murk	Same
1B. / /	CAUSE OF DEAT	rh	APPROXIMATE INTERV
DISEASE OF CONDITION DIRECT	LY ST	// .	1
LEADING TO DEATH	ANIMMEDIATE CA	USE	of week.
(This does not mean the made of dyin heart failure, asthenia, etc. 11 means the	9. LL9.9. DUE TO, OR AS	A CONSEQUENCE OF:	
injury ar camplication which caused deat	mig Ně	CA	
ANTECEDENT CAUSES	20 Jen	n & Dehydratine	il weeks.
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state	giving DUE TO OR A	S A CONSEQUENCE OF:	>/ant.
UNDERLYING CONDITION last.	E (c)	7 - 7 - 7	
OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED TO THE TEI	RMHALI ( home)	melita Frester I left,	hum 1/2 m.
OSEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	NEOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, form, footory, street, etc.)	office bldg., INJURY OCCUR?	imore City, give exact location 6
U	Out 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	LZY //VC.
(APPROX.) 6-17-69 33	While At Not Whi	FELL IN HI	ALL AT, HOME
22. I certify that (I) (this haspital) att that (I) (we) last saw the deceased all	ended the deceased from /	, 7/10/ 1969 to	7/23/ 1969
that (1) (we) last saw the deceased all	1 2/2	23/ 1965 and that In(my) (and	apinian death accurred an the
			aprillari dodin decorred dir ine
and haur and fram the causes stated a  23A. SIGNATURE	bave, (I) (TER) (did) (did not)	view the bady after death.	238, DATE SIGNED
Sill - h h	AH	ending Med. Staff	2/23/16
/ Elbur O Bred	DEGREE Ph	ys. Director Phys.	1/23/67
PHYSICIAM'S NAME (Type) Albert B. Bradle	M.D.	4900 Belair Road Baltim	ore Maryland
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE		(City, town, or county) (Sto
REMOVAL (Specify)			
Burial 7/26/69 25A. DATE REC'D BY HEALTH DEPT. 25B.	Holy Redeemer Ce	Baltimore,	Md • ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B.	Jaiber 10.		
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S 150-REV. 1/1/68			

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Thougast J. Suck loc. Ballo. E.

## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Deceased Such death 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) ANNA CLARK JULY 27 I969 hospital ō death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE attendance Md. BALTO cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY cause; 0 BALTO. YES ## NO prior E. STREET AND NUMBER contributing occurred 3222 ELMORA etermined regular mad 9. AGE (In veors 5. SEX 6. RACE B. DATE OF BIRTH It Under 1 Yr. If Under 24 Hrs. 7. MARRIED ## NEVER MARRIED Months Doys deceased Hours lost birthdoy WIDOWED DIVORCED DEC. 23rd. I902 W. Vrs. 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition done during most of working life, even if retired)
CLOTHING Und CLOTHING- MENS TTALY U.S.A. SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 direct (4) 3 + JOSEPH ADAMO FRANCES death 00 0 kind; 6. SOCIAL 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (It yes, give wor or dates of service) ADDRESS 17. INFORMANT final SECURITY NO. attendance -0I-878Ia MR. WILLIAM CLARK3222 dny CAUSE OF DEATH nounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., 6 pror ular heart foilure, osthonio, etc. It means the disease, ğ injury or complication which coused death.) Ε ANTECEDENT CAUSES who 5 0 re are DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if ony, giving (3) the obove couse (A) stoting the = physician UNDERLYING CONDITION lost. the remains medical SID **Body burns;** jabotes 11 3 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH the IN CERTIFYING CAUSES OF DEATH? ō WAS PERFORMED before by (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF tNJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where hospital °Z MEDICAL DEATH (notity medical examiner) etc.) obtained 21 D. TIME OF INJURY 21 F. HOW DID INJURY OCCUR? 9 (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED be approved (except While At Not While [ (APPROX.) Work At Work pup to the any 22. I certify that (1) (this haspital) attended the deceased from 19 68 . that (I) (we) last sow the deceased alive an. and that In(my) (aur) opinion deoth accurred on the date be death) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must 23B. DATE/SIGNED must Attending / Med. Staff 0 Phys. 6 Director L 0 prior C. PHYSICIAN'S 23D. ADDRESS approv at NAME (Type) An 24C. NAME of CEMETERY OF CREMATOR 24A. BURIAL CREMATION, 12 A (Stole) (City, town, or county) deceased D.0 the body REMOVAL (Specify) shows: GARDEN OF I BURIAL 25A. DATE REC'D BY HEALTH BALTO. MOS 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

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Deceased of death hospital death. attendance etermined cause; (5) COUSE 0 O 2. prior contributing occurred made regular deceased disposition (4) Und SDA the direct 4 0 kind; or final attendance any med fracture embal regular who are physician before the remains the chief medical WOS physician Body the 0 3 where to the hospital 2 any nature; approved by obtained 9 (except

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D.O.A.

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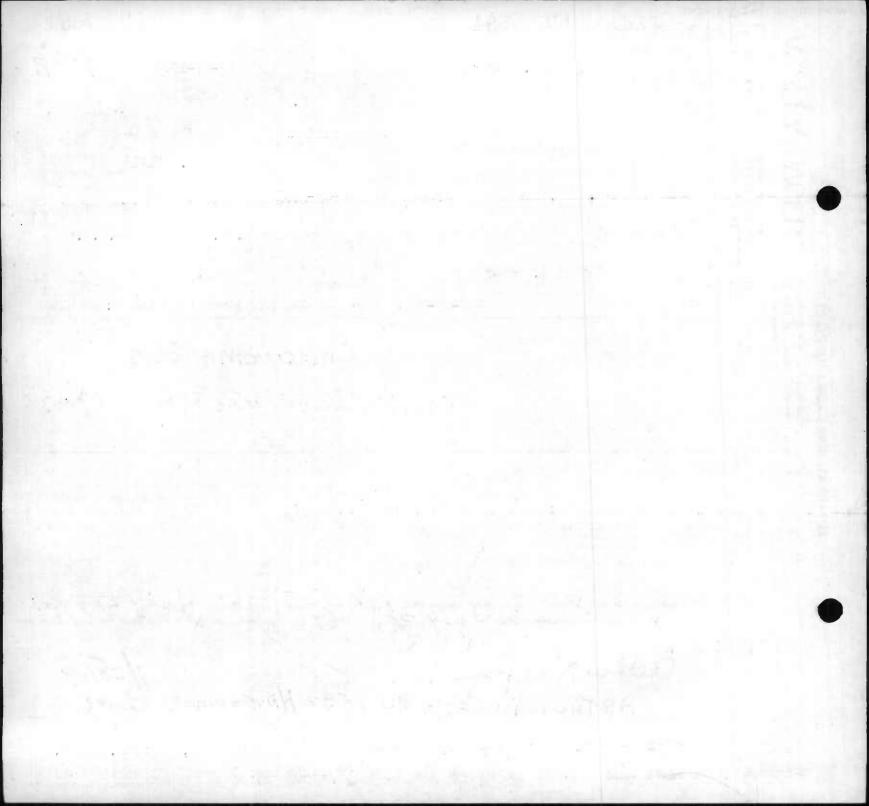
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BALTIMORE CITY HEALTH DEPARTMENT -236 CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MCDORMAN, BLANCH J. (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution; residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION UNITED (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MAPYLAND STATES. C. CITY OR TOWN D. INSIDE CITY LIMITS? THE WION NEWORAL HASDITAL BALTHURR YES TO No E. STREET AND NUMBER 115 HARPORD ROAD 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (in years 7. MARRIED NEVER MARRIED If Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min. last birthdoy) W WIDOWED V DIVORCED T 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) MARYLAND, U.S.A. HOUSEWIFF. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THEODOSIA WEBSTER ALONZO 15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (II yes. give wor or dotes of service) 1 6. SOCIAL 17. INFORMANT ADDRESS 210 SECURITY NO. Mrs Welba Geoghegan 115 Harford Road 210 311-03-0599A 18. CAUSE OF DEATH APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY andree arrest LEADING TO DEATH mus. (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the diseose, injury or complication which coused death.) C. H. E. ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work 22. I certify that (1) this hospital) attended the deceased from. that (1) (we) lost saw the deceased alive on. 104 and that in (my) (our) opinion death occur and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23B DATE SIGNED en- elu Flen elu ang, MID Attending | Mad. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) Burial Lorraine Park Cemetery Baltimore. Md. M 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Robert E. Taber, M.D. Lassahn Guneral Home 7101 Belair Road 150-REV. 1/1/68

on 2011 of 12 12.

## FUNERAL DIRECTOR: IMPORTANT

INAM	E OF DECE	ASED				2. DATE A	ND HOUR OF	DEATH		
Type of			J. Sch	weizer				7-1969		72
3. PLAC	CE IN BALT	IMORE MARYLAND, V				RESIDENCE (WH	ere deceased li			nce before
					A. STATE	Md . Cou	NIY		2	ME
HOSPIT	AL OR	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	C. CITY OF			D. INSID	E CITY LIMIT	5?
11/21110	IIION					ltimore			YES T	NO
	00	4220 Lo	ch Rave	n Blvd	E. STREET	AND NUMBER		-		
(	10				42:	20 Loch F	aven Bly	vd. 2	21218	
5. SEX		6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In ye	eors	Il Under 1 Months: Do	Yr. If Ur
I	Male	Cau.	WIDOWE	DIVORCED	] 4-:	13-1903	lost billiooy,	66		1
		PATION (Give kind of wor	108. KIND C	OF BUSINESS OR INDUS	TRY 11. BIRTHP	ACE (State or for	reign country)		12. CITIZEN	OF WHAT
_	Salesman		Bal	timore& Ohio		Brooklyn	N.Y.		TT_	S.A.
	HER'S NAM			02.1101 000 01110	14. MOTH	R'S MAIDEN NA			0.	C. 624.6
		F	A C1-1				D	L1- C		
5 Wa-	Decensed	Frederick .			17. INFORM	ANT	peri	tha Cr		DRESS
		Ever in U. S. Armed Fo (If yes, give wor or dat	es of service)	SECURITY NO.			1	1000		
1\	0			705-03-3848	rirs	Thelma Sc	nweizer	4220	Lochka	ven B
DIS	ort failure, oury ar came	LEADING TO DEATH of mean the mode of asthenio, etc. It mean- plication which causes INTECEDENT CAUSE: R CONDITIONS, if above cause (A) CONDITION last.	dying, e.gs the diseased death.) S any, givin	g (B)	CAUSE CAUSEQUE AS A CONSEQUE AS A CONSEQUE	FIRCE OF:  PARE  UENCE OF:				1 /2
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MEDICAL CERTIFICATION  NOTIFICATION  OUT 1000  1	SEASES OF THE PROPERTY OF THE DEATH EASE OF CONTRIBU ATH (I) (MC)  I CONTRIBUTE OF THE CONTRIBUTE OF T	at mean the mode of asthenia, etc. It means plication which causes in the cause of	dying, e.g. she diseased death.)  any, givin-slating th  DNTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR FORMED  (Hour) 21  W.  W.  W.  W.  W.  W.  W.  W.  W.  W	(B) DUE TO, OR  (C) WHICH OPERATION  B. PLACE OF INJURY (e. mme, larm, factory, street, c.)  E. INJURY OCCURRED (hile At Not Vork At W)  the deceased fram	20A. AL  ge, in or obout 2'  office bldge, In  Nhile 2'  Nhile 2'  Nhile 2'  Nhile 2'  Nhile 2'  Cork 19 C  Attending 19 C  Attending 19 C  CREMATORY  25C. FL	PARE DID IN C. WHERE DID IN C.	ON 208, IF YES IN CERTIFY  (If IT  IJURY OCCUR:  19	WERE FING CAU  Boltimore  (City	NDINGS COSES OF DEA	act location oct l



7695 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE Known X Month Doy Yeor DEWEY S. CHARTENNING (Type or Print) OF Estimoted July 28. 1969 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Dov Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) July 28, 1969 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Union Memorial Hospital B. COUNTY (DOA) Maryland 7. RACE C. CITY OR TOWN VE 6. SEX D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Male White WIDOWED . DIVORCED Landsdowne YES 9. DATE OF BIRTH E. STREET AND NUMBER 10. AGE (In years If Under 1 Yr, Il Under 24 Hrs. OWINE lost birthdoy) Months, Doys, Hours, Min. 70 200 - 5th Avenue Augustv19 1898 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 10 Penna U.S.A. John C. Chorpenning done during most of working life, even if retired) unknows Rebecca E. McCormick 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS 2 SECURITY NO. (Yes, ng or unknown) (il yes, give wor or dotes of service) 0 Smith&Strider Funeral Home Charlestown, W. Va O CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-0 UTING CAUSE OF DEATH 2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK 23. Inspection Autopsy i certify that i held on Inquiry and that on this basis, death in my opinion resulted from: Notural couses Sulcide Accident Homicide \_\_\_ Undetermined manner body CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER July 28, 1969 te NAME (Type) 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) 69 Presp. Com. Gerrardtown 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Jaber E.

VS 151-REV, 3/1/68

Markey M.D.

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NOK

APPROXIMATE INTERVAL

DATE SIGNED

W. Va.

Illicott City, Md.

(Stote)

M.

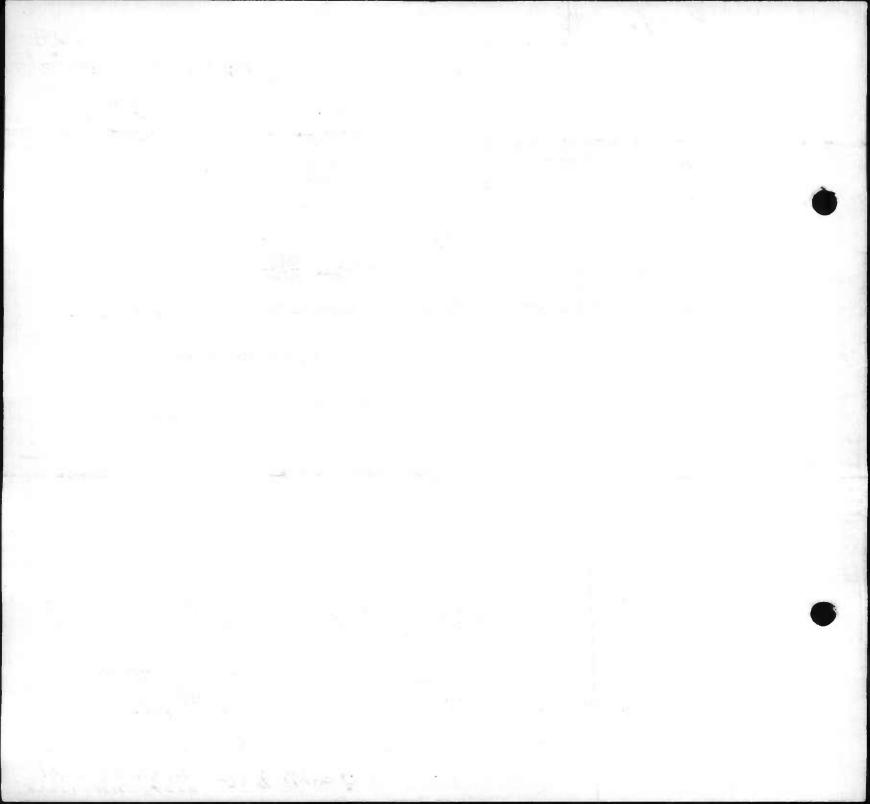
CT. Strider Swith دب released

and the sale of the sale of the . December 100 may 1. Douglast or entropy of the 

irect or contributing cause of death (4) Undetermined cause; (5) Deceased a was in regular attendance on the deceased prior to death. Such BIRTH NO. I. NAME OF DECEASED (Type or Print) Ralph Dom 3. PLACE IN BALTIMORE, MARYLAND, V FULL NAME OF ADDRESS OR LOC HOSPITAL OR US Public Health Ser 3100 Wyman Parkway is made. 5. SEX 6. RACE W M 10A, USUAL OCCUPATION (Give kind of wor final disposition dane during most of working life, even if retired)

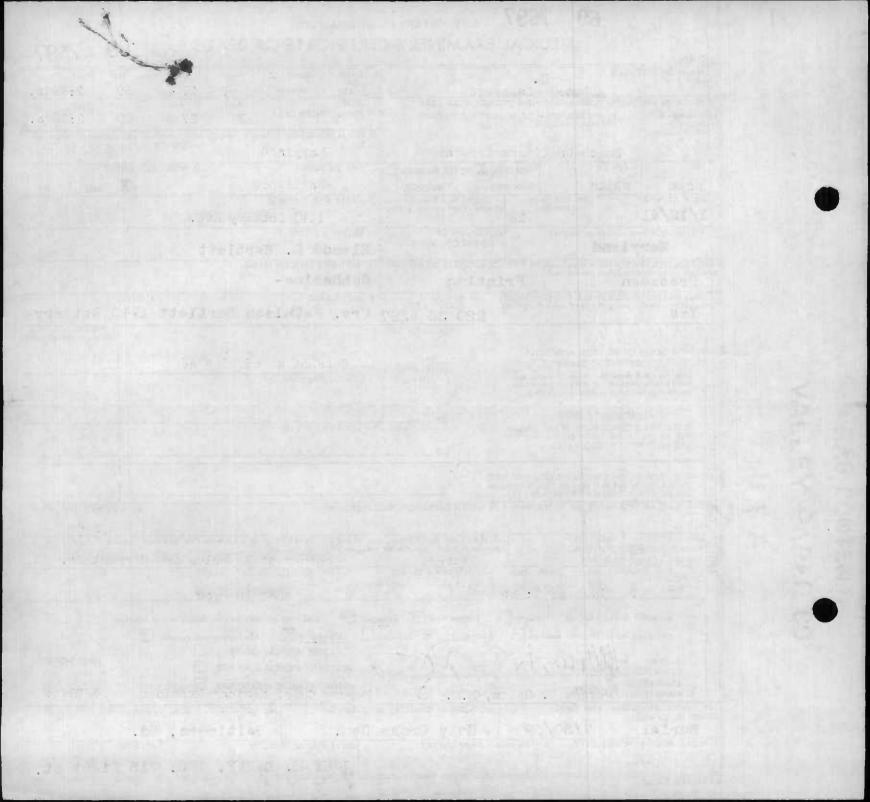
Retired 13. FATHER'S NAME if the direct assistant if Edward Bixler death attendance on (3) A fracture of any kind; 15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote 1919-1 Yes USA pronounced 0 or his Also, DISEASE OR CONDITION DI are embalmed LEADING TO DEATH 1This does not mean the mode of approved by the chief medical examiner heart failure, asthenia, etc. It means regular examiner. injury at complication which caused ANTECEDENT CAUSES who DISEASES OR CONDITIONS, if rise to the above cause (A) (6) No physician was in at a hospital (except where the physician must be obtained before the remains UNDERLYING CONDITION last a medical shows: (1) An accident of any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B CON the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify modical examined OF INJURY (Month) (Doy) (Yearl (APPROX.) eceased prior to death); and 22. I certify that (1) (this hospital that (1) (we) last saw the decease ed seum et Britis certificate must be and hour and from the causes sta-23Ar SIGN AT URE nakel written approval 23C. PHYSICIAN'S NAME (Type) Donald E. Beaudoir was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 25A. DATE REC'D BY HEALTH DEPT. T V\$ 150-REV. 1/1/68

BALTIMODE OF	Y HEALTH DEPARTMENT							
	ATE OF DEATH REG. NO	69 7696 -						
inic Bixler	2 DATE AND HOUR OF DEATH  JULY 27, 1969	10:57 P						
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions	M.						
TAL OR INSTITUTION, GIVE STREET	Md.  C.CITY OR TOWN	834						
	Baltimore D. INSIDE CITY I	NO []						
vice Hospital	E. STREET AND NUMBER 4704 Dunkirk Ave.							
7. MARRIED NEVER MARRIED	R DATE OF BIRTH IN AGE (In second Life than 3 Vo. 11 th 1 Co.							
WIDOWED DIVORCED	8/5/01 lest birthdoy) 67 Months							
USA ARMY	Pa.	USA						
	14. MOTHER'S MAIDEN NAME							
16. SOCIAL SECURITY NO. 212-30-9497	Records US PHS Hospital, Ba	Address						
CAUSE OF DEA		APPROXIMATE INTERVAL						
RECTLY	Acute myocardial infarction	BETWEEN ONSET AND DEATH						
dying, e.g., the disease, death.)  (A) IMMEDIATE CA	USE ACCUSEQUENCE OF:	Days						
	riosclerotic cardiovascular	Years						
any, giving (B)	S A CONSEQUENCE OF: disease	TC0TD						
siding ine								
(c)								
NTRIBUTING Abdominal HE TERMINAL I 1 (A).	aortic aneurysm	Months						
DITION FOR WHICH OPERATION	yes   20A AUTOPSYT (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	GS CONSIDERED P DEATH?						
21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID (If in Baltimore City, ally	e exect location)						
(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
While At Not Wh								
	July 11 19 69 to July 27	19 69						
d alive on July 27 1969 and that in (my) (our) opinion death occurred on the date								
red above. (1) (We) (did) (did /191) view the body after death.								
23B, DATE SIGNED								
eauder Motorer Phys. Attending Med. Staff Phys. & 7/28/69								
23D. ADDRESS								
US PHS Hospital, Balto, Md.								
24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)  9 BAITMORE NATIONAL CEM BAITMORE Md								
9 BALLIMORE NA	TICHAL CEM BALTIMORE 25C. FUNERAL DIRECTOR	/ADDRESS /						
Jaben, M.D. 9 0 1 0 & Some Babb 301 Traderick Rd								



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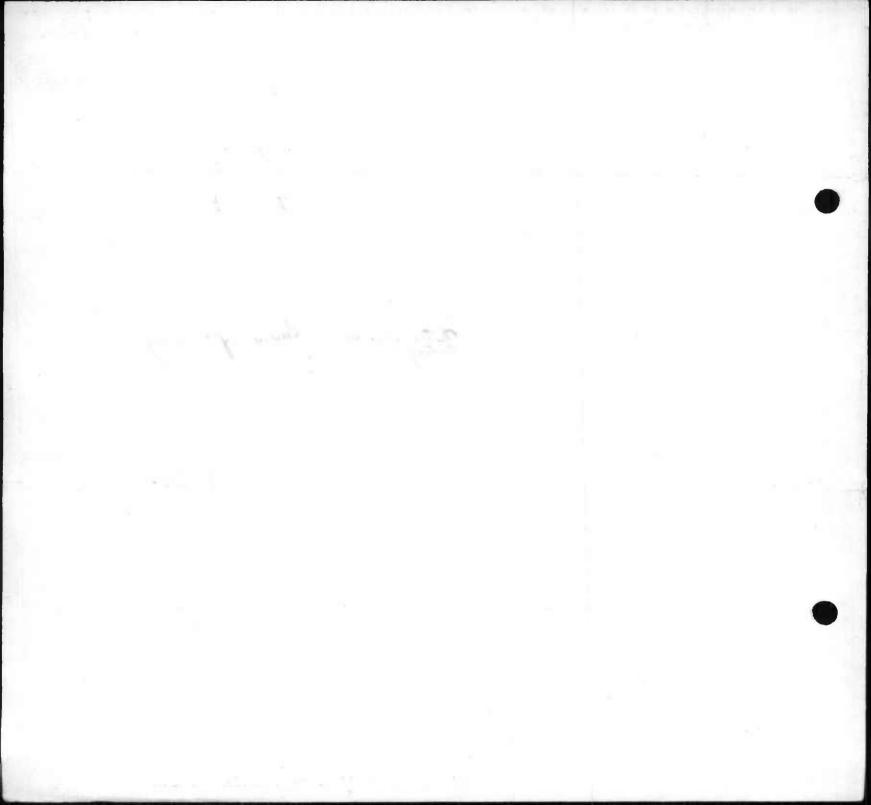
1	5-63	4	MED	DICAI		AMINE			CATE OI	DEA	TH REG. NO	69	7697
-	NAME OF DEC	CEASED						2. DATE	Known 🔀	M 4			
	oe or Print)			Daniel Daniel	.1			OF	Estimoted	Month	Doy	Yeor	Hour
4.	PLACE IN BAI			Bari				DEATH 3. DATE	Estimoted L	Month	27 Dov	69 Yeor	2:30 a
FUL	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			PRONO	UNCED DEAD	7	27	69	2:30 a				
OK	1143111011014	Sout	h Balt	imor	e Gei	neral		5. USUAL R	Maryland	re deceosed	B. COUNTY	on: residence	before odmission)
6.	SEX	7. RACE		B. MARI	RIED X	NEVER MARR	IED 🗌	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS	7
	male	white			WED 🔲	DIVORO			Baltimor	e		YES 🗐	NO 🗆
9. [	ATE OF BIRT	н	10. AGE (1	n yeors	If Und	er 1 Yr. If Under	24 Hrs.	E. STREET	AND NUMBER			153 [35	NO
	1/12/4]		lost birthdo	28		Doys Hours	Min.		1110 Bat	tery A	ve.		
11.	BIRTHPLACE (	stote or foreign	in country)			IZEN OF AAT COUNTRY	?	13. FATHER	od L. Bi	artle	tt		
14A	USUAL OCCU	PATION (Giv	e kind of work	148. KINI	OF BU	ISINESS OR IN	DUSTRY		R'S MAIDEN NA				
	Pressn	nan			int	ing		Cath	erine-				
16. (Yes	WAS DECEAS	ED EVER IN	U.S. AR MEI	of service	5? 1	7. SOCIAL SECURITY N	10.	18. INFOR				ADDRESS	-
	Yes				2	20 36	6397	Mrs.	Kathle	en Ba	rtlett	1110	Battery
	(This does not heart follure injury or condition of the DISEASES (RISE TO THI	E OR COND LEADING TO tol meon the cost henio, etc nplication which NTECEDENT OR CONDITION E ABOVE CA	DEATH mode of dy it means the ch coused dea	ing, e.g., diseose, oth.)		(B)	TO, OR	AUSE GUI		nd of	head		
CERTIFICATION	OTHER SIGN TO THE DEA	NG CONDITION  WIFICANT CON  ATH BUT NOT  CONDITION	II IDITIONS CO	THE TERM	INAL	(c)							
CERT						HICH OPERAT	ION W	AS PERFORM	ED			21. AUT	OPSY? (Yes or No
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout location)  22B. PLACE OF INJURY (e.g., in or obout location)  22C. WHERE DID (If in Boltimore City, give exoct location)  22C. WHERE DID (If in Boltimore City, give exoct location)  22D. PLACE OF INJURY OCCUR?  CORNET OF Reynolds and Clement St.  22F. HOW DID INJURY OCCUR?  WHILE AT WORK Shot in head													
	ACTUAL SIGNATU EXAMIN	ER'S		M	Acc	ident D	Au	ASSI	and that on micide X  CHIEF MEDICAL  STANT MEDICAL  CIATE MEDICAL  Y Chief M	Undetern EXAMINER EXAMINER			DATE SIGNED 7/27/69
	NAME (T	MATION, 2	4B. DATE	phr		M.D.	METERY			LOCATIO		n, or county	
RE!	MOVAL (Special Buria)	fy)	7/30/	69		Holy C:						Id.	(31018)
25 /	. DATE REC'D		EPT.	258. N	AME O	FREGISTRAR			UNERAL DIRECT			ADDRESS	
J	UL311	109 6	Bert E.	arres	and the	9		JO:	HN F. DI	ENNY,			ight St.
15	51-REV. 7/1/68	3	100		()	1 43		1 /	007				



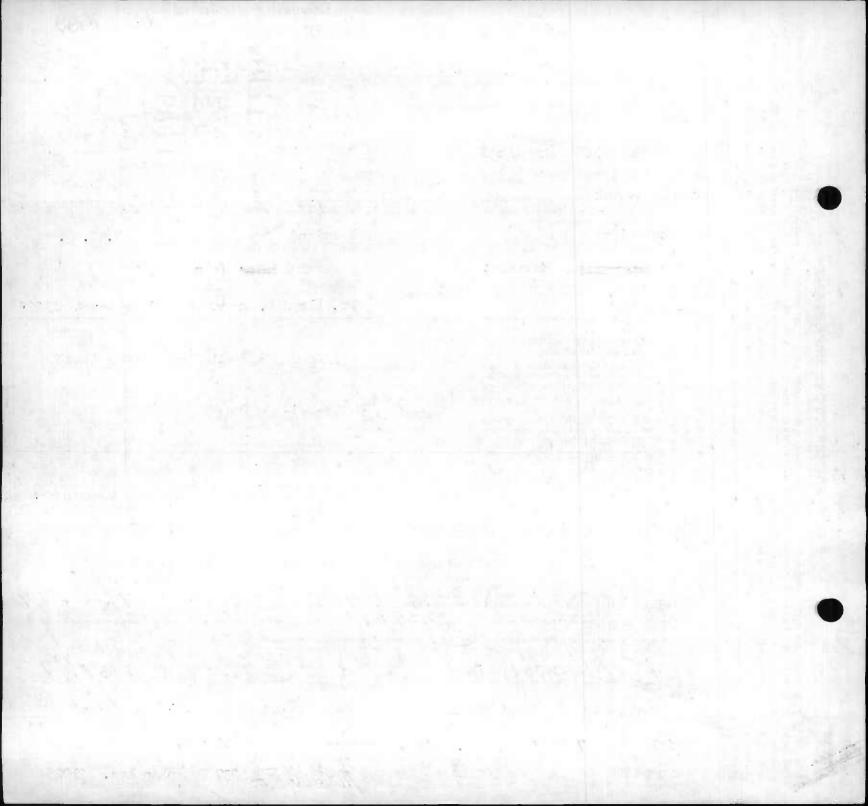
# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	K-650 69 76	UN _	TE OF DEATH	REG. NO	69 7698				
	1. NAME OF DECEASED (Type or Brint) GEOTGE C. Karn	(0)	- /	D HOUR OF DEATH	2120/				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUN CED DEAD	4. USUAL RESIDENCE (When	e decrosed lived, If institu	rtion: residence before admission)				
	FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTIYUTION, GIVE STREET	11 .	BANTIMORE	27/2 CITY LIMITS?				
4	+		E. STREET AND NUMBER	YE	s No 🗌				
de.		HOSPITAL	109 St. ALE	BANIS WAL	(				
E	M Whits WIDON	RIED NEVER MARRIED DIVORCED DIVORCED	9-26-97	ast birthday)	Under 1 Yr. If Under 24 His. onlhs Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?				
l sit	DENTIST DE	NTIST	MARY AND	IF.	USA				
disposition	John Karn		Margaret	re.					
8	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor ar doles of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
tingi		1217-78	WITE (Maris	1. /	SHABLA TEPO				
ned or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CLASSE OF								
9 H Da	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES								
gre	DISEASES OR CONDITIONS, if any, gir rise la line obave cause (A) staling UNDERLYING CONDITION last,	oring (B) DUE TO, OR AS (C)	A CONSEQUENCE OF:						
perore rne remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG.		y.s.					
9 1	19A-DAYE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, offi etc.)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(II In Boltimore Cit	y, give exact location)				
	21D.YIME (Manth) (Doy) (Year) (Hour) (APPROX.)	21E INJURY OCCURRED  While At	21F. HOW DID INJU	RY OCCUR?					
22. I certify that (I) (this hospital) attended the deceased fram 12 9 19 68 to 7/2 4 that (I) (we) last saw the deceased alive an 7/2 4 19 69 and that in (my) (em) coining death account									
0	death accurred on the date								
TSO EL	and haur and from the causes stated above	e. (1) (Me) (did not) vi	ew the bady after death.	123 R	DATE SIGNED				
	- Amalugan	Alten Phys.	ding Med. Si	haff	7/24/69				
2 Paroval	23C. PHYSICIAN'S NAME (Type) F/11 DUE	T BASTINGER							
		NAME of CEMETERY OF CREA	MATORY 24D. LOC	CAYION (City, to	wn, or county) (Stote)				
Blued 7-28-9 Tomason Mais along Balto Maryland Part Maryland 131 1969 Jacob E. Jacob Maryland 250, Funeral Director Jacob E. Jacob E. Jacob M. D. 143 Mg. 1969									
	JUL 3 1 1969 vade E. Jacks	the property of the	ding to la	akuert lo	vs.				

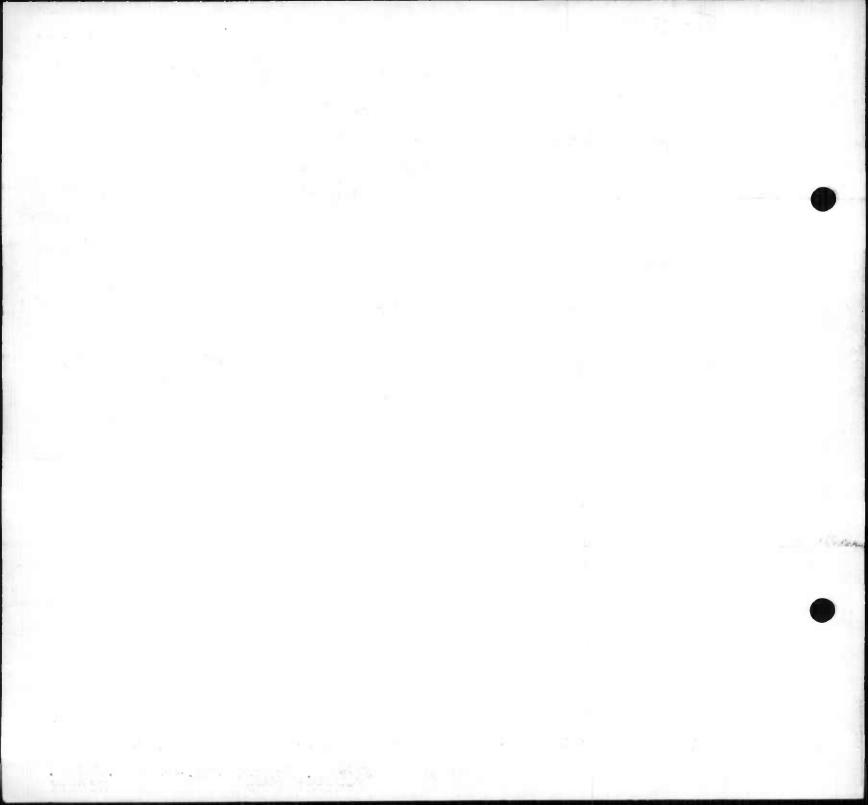


	BALTIMORE CIT	Y HEALTH DEPARTMENT					
	D-300 69 7699 CERTIFICA						
	ype or Print) TITELMA BOWDY	2. DATE AND/HOUR OF DEATH 825 M.					
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 40/					
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
11		Baltimore YES X NO					
0	Good Samaritan Hospital	E. STREET AND NUMBER					
2		403 W. Saratoga Street					
	Female   White   7. MARRIED   NEVER MARRIED   MIDOWED   DIVORCED   X	9. AGE (In years lost birthday) 3/7/12 9. AGE (In years Months Doys Hours Min.					
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' one during most of working life, even if retired) Housewife						
1	3. FATHER'S NAME	Maryland U. S. A.					
	Ralph Birport Pierpoint	Bertha Kuhn					
	S. Wos Deceosed Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS					
1	No	Mr. Lloyd D. Groem 849 Glade Court 21225					
1	1B. CAUSE OF DEA						
	heort failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	to ASCUD & hypertenings a CONSEQUENCE OF:					
		VES .					
	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of the control of the co	in or about 21°C. WHERE DID (II in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
1111	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	While At □ Not Wh     Not Wh						
2	22. I certify that (1) (his haspital) attended the deceased from						
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CI						
	Burial 7/31/69 Mt. Olivet C	emetery Baltimore, Maryland					
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25 SUFUNERAL DIRECTOR					
	1111 31 1969 (Libert & Valley, M.D.	Meuly T. H. 237 Patapses Ive. 21225					
V	\$ 150-REV: 1/1/6B						

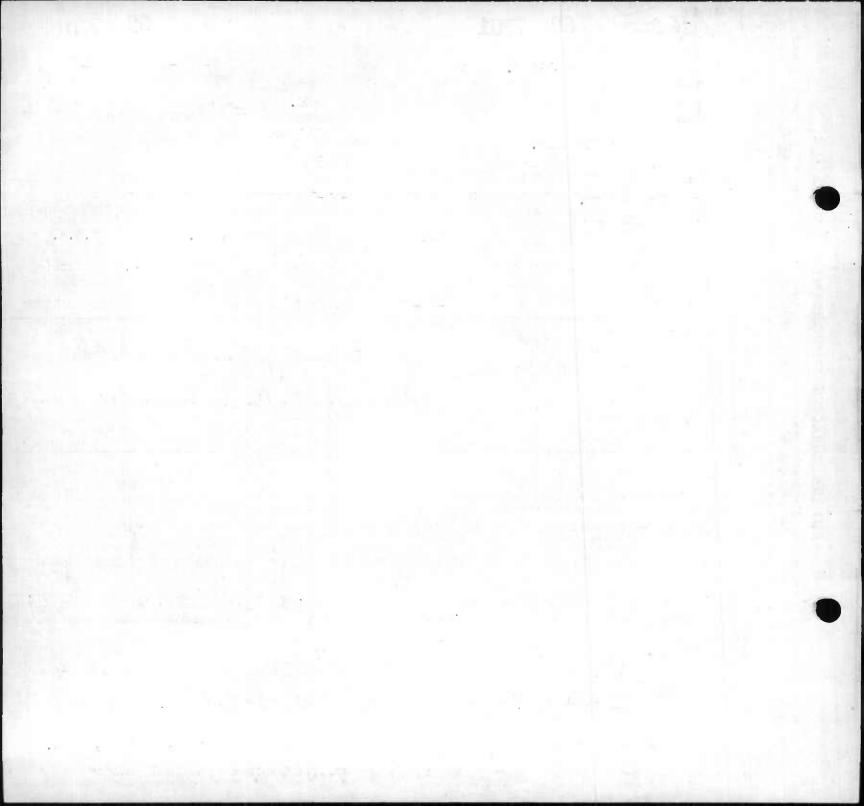


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	) - 5 5	Y HEALTH DEPARTMENT	9 7200
II B	IRIH NO.	ATE OF DEATH REG. NO.	7700
	NAME OF DECEASED  YPO OF PRINT FRANCES A. SMETON	2. DATE AND HOUR OF DEATH  1 4 4 27, 1969	1 930-4
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution:	residence before admission)
1111	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARTLAND C. CITY OR TOWN D. INSIDE CITY	601
	CHURCH HOME V HOSPITAL	BALTIMORE VEST	_
	35	E. STREET AND NUMBER 26 N. DECKER AVE, 2	
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors II Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	7 WIDOWED DIVORCED	1 /- 3 - 1896   78	Doys Hours Min.
de	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY and during most of working life, even if refired)  #00560176	10000111110000	LEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	AMBROSE LUCAS	FRANCES CULLADA	4
15 (Y	. Was Deceased Ever in U. S. Armed Forces? es.no or unknown) (If yes, give wor or doles of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	10 911-18-218	THUSBAND HON	DECKERTAL
	DISEASE OR CONDITION DIRECTLY	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE MARKED ANEMIA	1 MO.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	À CONSEQUENCE OF:	
	ANTECEDENT CAUSES	Of 11111114	IUN.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	7.10
	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)		
	11		
TION	I TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
TIFICA	DISEASE OF CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)] 208, IF YES, WERE FINDINGS	CONSIDERED
11 8	Sprie 1968 WAS PERFORMED A Of Vulva	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, on the property of	n or obout 21C. WHERE DID (If In Boltimore City, give fice bidg., INJURY OCCUR?	re exoct location)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not While At Work Al Work		
	22. I certify that (1) (this hospital) ottended the deceased from JU	128 26 1989 to MILY.	27 1969
	that (1) (we) last saw the deceased alive on MULY 27 (93	(and that in (my) (our) opinion dea	th accurred an the date
	and hour and fram the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.	
	23A. SIGNATURE		TE SIGNED
	DEGREE Phys		27/69
	NAME (Type)  NICAGROSA  C. TOLENTIMO DEGREE  A. BURIAL CREMATION, DAR. DATE  24C NAME of CREMETERY	23D. ADDRESS CHURCH HOME V	Hosp.
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	or county) (Stote)
	Burial 7/30/69 Bohemian Natio	onal Cemetery-Baltimore, Mo	aryland
25	JUL 3 1 1969 Cole E. Jacky KD.	John A. Monan, Inc3000	E.Balto.
VS	150-REV. 1/1/68	- I thorat Home	Street



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH pital and of death the (5) Deceased th 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 7- 26-1969 OU Sophia S. Bayer a hospital death. 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before a mission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY Md. cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? canse; 0 NO Baltimore YES X = Gould Conv. prior E. STREET AND NUMBER contributing Belair Road occurred LLO3 Kenwood Avenue etermined is made regular B. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years if Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased lost birthday Months Doys Hours DIVORCED WIDOWED [ Cau. emale 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? death disposition dane during most of working life, even il retired) 10 Dud U.B.A. Housewife Baltimore, Housewife Mas 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct 4 Catherine L. Bodensbotz John Newbauer assistant eath 0 ADDRESS 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT tina (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO attendance Elizabeth Lensch 4423 Kenwood Avenue 21206 No O any CAUSE OF DEATH pronounced 0 BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, examiner gular aminer. injury or complication which coused death.) em ANTECEDENT CAUSES who re are CONSEQUENCE OF DISEASES OR CONDITIONS, if onv. giving Xe to the obove couse (A) 3 sloting the physician UNDERLYING CONDITION lost. chief medical the remains MOS medical burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED before the 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office btdg., INJURY OCCUR? (2) 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital MEDICAL °Z DEATH (notify medical examiner) nature; by obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and to the any 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) lost saw the deceased alive on ond that in(my) (ear) apinion death accurred on the date of hospital eath) ond haur and from the couses stated above. (1) (We) (did ) (did nat) view the body ofter death. must accident was release 238, DATE SIGNED 23A. SIGNATUR certificate must O Attending 0 Phys. Director Phy s approval 0 23C. PHYSICIAN 23 D. ADDRESS prior ŧ NAME (Type An DEGREE /S Y 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION deceased (State) the body o REMOVAL (Specify) written shows: Ö Burial Parkwood Cemetery Balto, Md. SD M 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ssahn Gundral Home 7401 Belair Road



J-520 69 7702 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 7702
BIRTH NC.	
(Type or Print) WALTER IN. JAMES, JR.	2. DATE Known Month Doy Year Hour OF DEATH Estimoted Month M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	PRONOUNCED DEAD July 27, 1969 2:15 PM.
1507 Patterson Park Avenue	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)  A. STATE  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (in years   if Under 1 Yr. if Under 24 Hrs.   Months   Days   Hours   Min.	E. STREET AND NUMBER
reo. 22,190/ -00 02	1507 Patterson Park Avenue
11. BIRTHPLACE(Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Walter James
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Clectrician Bethlehem Steel	Allie Gueisbert
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)	18. INFORMANT ADDRESS
19.   CAUSE OF DEA	Lewis Baker - 128 Sipple Avenue -21236
E 7851X	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Gunshot wound of head
	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
CO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
<u></u>	No
Y UNDERLYING AOD CONTRIB. I home, tarm, tactory, street, office	In or obout 22C. WHERE DID (if th Boltimore City, give exact location) to bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED	1507 Patterson Park Avenue - (Kitchen)
OF INJURY (APPROX.) 2 WHILE AT NOT	WHILE
23.	
I certify that I held an Inquiry Inspection Au	
resulted from: Natural couses Accident Sulcid	
ACTUAL ( )	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAD	ACCOUNT MEDICAL EVALUATE
NAME (Type) Charles S. Springate, MD.	ASSOCIATE MEDICAL EXAMINER  July 28, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 7-30-69 Baltimore (en	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
IIII 3 1 1969 Pober E. Fasher, M.D.	John C. Miller Inc-6415 Belair Rd21206
VS 151-REV. 1/1/68	7 7 6

Section 1 The 1 The Section Maria San Maria THE STATE OF THE S Phillips Cartestant traint To Serie Contain Contain the Series of 

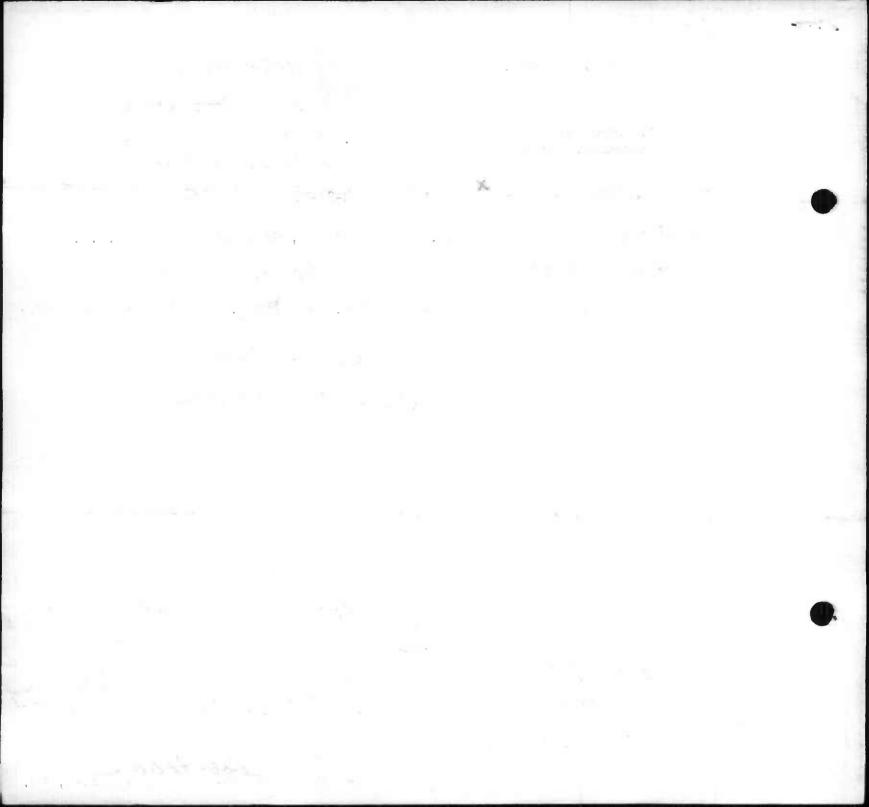
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1					Y HEALTH DEPARTME		CO MMO2	
H-6 BIRTH NO.	53	69	7703	CERTIFICA	TE OF DEAT		00 //03	
1. NAME OF			,	11-0-0	_	ATE AND HOUR OF DEAT		
2 21 4 65 121		HUNG		HORAL	HA HISHAL BESIDENC	7-26-69 7	7.30 A. institution: residence before admission)	
3. PLACE IN	BALTIMORE, MA	AKILAND, WHI	EKE PRONOUNC	ED DEAD	A. STATE B.	COUNTY	0 / 111	
FULL NAME HOSPITAL O	R ADDRI	SS OR LOCATI	ON)	N, GIVE STREET	C. CITY OR TOWN	BALTIMON D. IN	NSIDE CITY LIMITS?	
NORT	TH CHI	ARLES	GENE	RAL	BALT INC		YES NO NO	
4	9	H	05/11	AL		1AYVIEW A	4VE	
S. SEX	6. RACE		MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manthsi Days Hours Min.	
M	WHI	TE	WID OWED	DIVORCED	6-28-1			
	OCCUPATION (Gi ost af warking life, e		B. KIND OF BU	SINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
SERVI	CEMAN	/	Balto.	City	Lond	on Eng.		
13. FATHER'S	NAME			/	14. MOTHER'S MAID			
GFO	RGE	P	HORAN	1	(DEF	TA) AGATH	HA ROGERS (D)	
15. Was Dece (Yes, na ar unk	nown) (II yes, giv	S. Armed Forces e wor ar dates	s? 16. of service)	SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS	
				13-05-540	HOSPIT	TAL RECOR	-D	
1B.	1 X			CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DI	ISEASE OR CON		CTLY		14 40		unknown	
(This do	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:							
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
	ANTECEDENT CAUSES							
DISEASE	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:							
	the abave		taling the	(c)				
		1		(C/				
TO THE	GNIFICANT CON DEATH BUT NOT	DITIONS CONT	TERMINAL	PULMO	UNRAN E	DEMA	7 Louis	
U 19A DAT	OR CONDITION OF	19B. CONDI	TION FOR WHIT			s or No) 20B. IF YES, WER		
7-	23-69	WAS PERFO		MOR	4	IN CERTIFYING C	CAUSES OF DEATH?	
OR CON	CIDENT WAS UN TRIBUTING CA	DERLYING USE OF	21B. PLA	CE OF INJURY (e.g., orm, factory, street, o	in or about 21 C. WHERE INJURY OCC	DID (If in Boltim	nore City, give exact tocation)	
21 D. TIM		Day) (Year)		URY OCCURRED	21 F. HOW D	ID INJURY OCCUR?		
S OF INJU			While A	Not Whi				
22 1 -0	-aifu ah-a (1) (al	ois basaital)				1969 to 7	- 26 1969,	
3	(we) last saw						pinian death accurred an the date	
2					view the bady after a		printed death accorded on the date	
23A. SIGN		conses stated	3 000 ve. (1) ("	e/ (d/d/ (d	view the body diter t	iedin.	23B. DATE SIGNED	
1	2			A P AH	ending Med.	Staff Phys.	7-26-69	
23 C. PHY	SICIAN'S		3	DEGREE Phy	23D. ADDRESS	rily's, w		
	ME (Type)	CAR	ANGAL	HP	NORTH CH	ARLES GENE	ERAL HOSPITAL	
24A. BURIAL	CREMATION, 2	4B. DATE		DEGREE of CEMETERY OF CR			(City, town, or county) (State)	
REMOV	AL (Specify)	7-20-6		lawn (emet		Baltimore, M		
	EC'D BY HEALTH	DEPT. 2	B. NAME OF R		0			
1111	3 1 1969	Robert E	Valory,	5.4.9 0	John G.	muler Inc6	415 Belair Rd21206	
VS 1SO-REV.	1/1/6B				1.			

213-05-5401

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	K-13:	5 69	77	04		HEALTH DEPARTMENT	3//	69	7	704
1.1	NAME OF DEC				CLICTITICA	2. DATE	AND HOUR OF DEATH			
3.		MORE MARYLAND, W			NCED DEAD	7/27		-		м.
FL	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIY ADDRESS OR LOCA	AL OR IN			Maryland	Аппа Аз		1	before odmission)
4		. Agnes Hospi altimore, Mar				N. Linthicu E. STREET AND NUMBER 11 Lakefron	um	YES []	_	No
1	sex male	White	WIDOW	ÆD T	DIVORCED	8. DATE OF BIRTH 3-26-25	9. AGE (In years lost birthdoy)	If Und Months	or ) Yr.	If Under 24 Hrs. Hours Min.
dor	Machin:	rorking lite, even if retired)			USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or 6 Baltimore, Ma		12. CIT	U.S.	WHAT COUNTRY?
13.	FATHER'S NAA	A E				14. MOTHER'S MAIDEN N				
	Charle	es Kaptai	п			Cathe	rine Ki	rby		
15. (Ye	Wos Deceased	Ever in U. S. Armed Fore	es?	1	6. SOCIAL	17. INFORMANY			ADDRES	ss
	No	None	01 001410		SECURITY NO. 219-16-9681	Mrs. Madelin	ne E. Kaptai	in(Wi	fe) S	ame as#4
		I FOR CONDITION DIR LEADING TO DEATH	ECTLY		CAUSE OF DEATH		Elom			IMATE INTERVAL ONSET AND DEATH
	heori failure,	ol mean the mode of asthenia, etc. It means olicotion which caused	the disec	l.g., 15 <b>0</b> ,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	Edoma	10000000000000000000000000000000000000	*********	
	A	NTECEDENT CAUSES			( anter	& huthar	Vahrables			
	rise to the	R CONDITIONS, if a bave cause (A) CONDITION lost.	iny, giv Slaling	ing the	(c)	A CONSEQUENCE OF:	***************************************	**********		
ATION	TO THE DEATH	CANT CONDITIONS CON	E TERMINI	IG AL						
CERTIFICATION	19A. DATE OF	OPERATION GIVEN IN PART 198 CONI WAS PERF	ORMED	R WH	IICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSID	ERED
CAL	DEATH Inotify	T WAS UNDERLYING TING CAUSE OF		21 B. PL home, etc.)	ACE OF INJURY le.g., in larm, factory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Beltimo	re City, giv	e exoct loc	cotion)
MEDI	21D. YIME OF INJURY IAPPROXI	(Month) (Doy) (Yeorl		21 E. IN While Work	At Not While At Work	21F. HOW DID II	AJURY OCCUR?			
		hat (I) (this hospital) ost saw the decease			deceased from7/14	19 6 9 and	19 <u>57</u> tothat in (my) (aur) opi	27	th occur	19 6 2
	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.									
	23A. SIGNATURE  Attending Med. Stoff Director Phys. 228 DATE SIGNED  228 DATE SIGNED  2/28/6 9									
	23C. PHYSICIAN NAME (Ty	Dr. Sosi	nowsk:	i	2:	4016 Ritch	le Huy,	Sa	ch.	25. my
24A	BURIAL CREM REMOVAL (Sp Burial	ATION, 248 DATE 7/30/69			E of CEMETERY OF CREA			ity, town, c	county)	(Stotel
25A				Ten	Haven Memo:	25C. FUNERAL DIRECTO Singleton F	BOOKE	Mary Gler	ADDR	nie, Md.
VS	50-REV. 1/1/6									-201 1146



death Such Deceased LO hospital death. of attendance (5) Cause cause; 0 0 prior contributing occurred (4) Undetermined made. regular deceased death disposition \_= 0 SID the direct death 0 kind; final attendance any pronounced or of balmed fracture regular Ee who are 4 = physician remains Was physician Body he the 8 any nature; (2) where the body was released to the hospital °N bei T 9 btaine approved (except and 0 pe of hospital eath) must An accident ō 10 approval 8 prior ā

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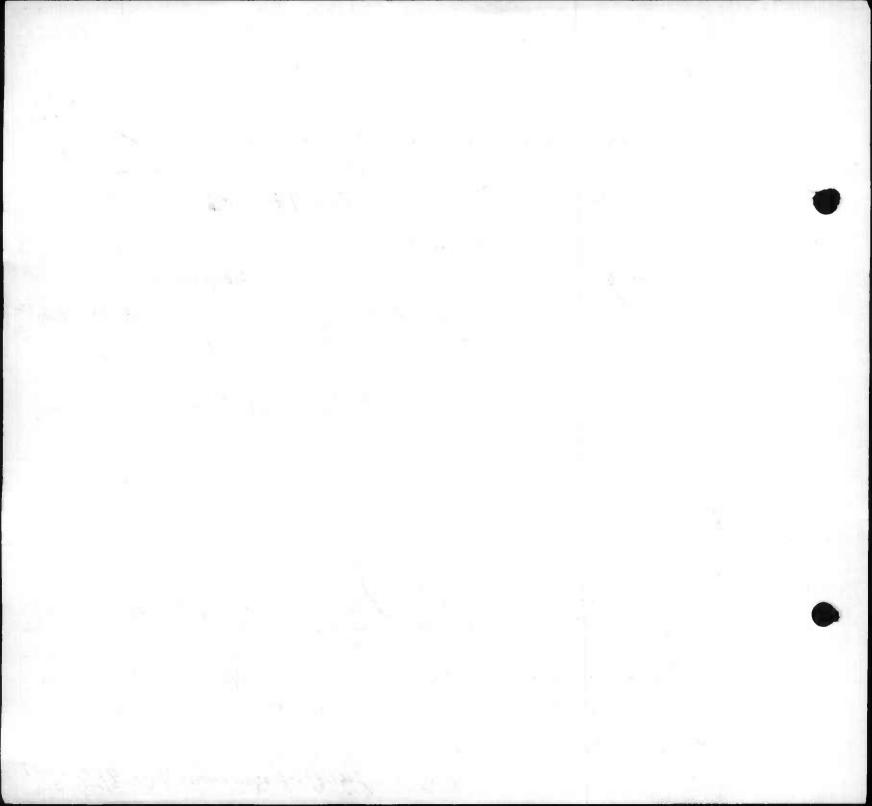
Was

written

VS 150-REV. 1/1/68

shows: (1) eceased

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DORY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) B. COUNTY W 7 FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? more YES D NO E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In If Under 1 Yt. Months! Days Il Under 24 Hrs. last birthday Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Food handler, wholesalegucery US. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lenny Mar OCPEY 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown! (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18-05-516/A YO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF the above couse (A) sloting the rise lo UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL io salerolly lovo DISEASE OR CONDITION GIVEN IN PART 1 (A) 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 60/6 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (natify medical examined) 21 D. TIME (Month) (Day) (Year) (Hour 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While | (APPROXI Wark Al Work 22. I certify that (1) (this hospital), attended the deceased fram 19.6 that (1) ((we)) last saw the deceased alive on and that In (my) (aur) opinion death occurred on the date and have and from the causes stated above. (1) (We) (dld) (dld nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [ Med. Phys. Director 23CIPHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 25C FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRES 258-NAME OF



2-12	1 69 7	706 BALTIMORE CITY H	EALTH DEPAI	RTMENT			H	
0.00	7 MED	DICAL EXAMINER'S	CERTIFI	CATE OF	DEA	TH PEG NO	69	7706
BIRTH NO.						KEG. NC		
(Type or Print)		n - 11	2. DATE OF	Known 🖎	Month	Doy	Yeor	Hour
	Moses J.		DEATH	Estimoted -	7	29	69	9:45 a. <sub>M.</sub>
		WHERE PRONOUNCED DEAD	3. DATE	JNCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	PROMO	SINCED DEAD	7	29	69	9:45 a.M.
OR INSTITUTION			5. USUAL R A. STATE	ESIDENCE (Where	e dece osed	B. COUNTY	on: residence b	pefore odmission)
00	2028 Calver	t St.	A. SIATE	Maryland		B. COUNTY	13	0.04
6. SEX	7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
male	colored	WIDOWED DIVORCED	] В	altimore			YES Z	NO 🗌
9. DATE OF BIRT		n years   If Under 1 Yr. If Under 24 Hrs		ND NUMBER				
mf14 1	1961 lost birthdo	Months Doys Hours Min	20	28 Calver	t St.			
TI. BIRTHPLACE	State or foreign country)	12. CITIZEN OF	13. FATHER	SNAME				
Ilin	und	WHAT COUNTRY?	100	mes	Buch	colland		
14A.USUAL OF U	PATION (Give kind of work	148. KIND OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME	arey		
done during morf of	washing life even if reffed)		190	tiol.	, of	DINES		
	ED EVER IN U.S. ARMEI		IB. INFORM	MANT	- 03	seu e	ADDRESS	
(Yes, no or unknown	(If yes, give wor or dotes	of service) SECURITY NO.	2 900	m	Brian	an line	noll	1 11
119.	7-0	CAUSE OF BE	ATH	2 /// /	Mun	of ode	AP	PROXIMATE INTERVAL
41	00 1 (0)						BETW	EEN ONSET AND DEATH
	SE OR CONDITION DIRE LEADING TO DEATH	Arterio	sclerot	ic and hy	nerte	nsive		
	not mean the made of dy	(A)IMMEDIATE	AS A CONSEQ	HENCE OF CA	rdiov	ascular		
heort foilure	e, osthenio, etc. It meons the implication which coused de	e diseose,	AJ A CONSEQ	DEIVER OF . CA		sease		
DISEASES	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA		R AS A CONSE	QUENCE OF:		क के के क के के क के के के क स्राप्त स्था कर का स्था कर कर क		
LINDERLYIN	NG CONDITION LAST.	(c)						
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF	II						-	
OTHER SIGN	ATH BUT NOT RELATED TO							
DISEASE OR	CONDITION GIVEN IN P	ART 1 (A).			Fair an arrainaid air W W air air air air			
20A. DATE OF	F OPERATION 20B. CO	NDITION FOR WHICH OPERATION V	VAS PERFORN	ED			21. AUTO	PSY? (Yes or No)
	44							no
22A. EXTER	NAL CAUSE WAS	22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	, in or obout 2	2C. WHERE DID	(If in Boltim	ore City, give e	roct location)	
	G OR CONTRIB-	nome, form, fociory, sireer, on	ice blug., etc.) II	AJORI OCCOR:				
≥ 22D. TIME	(Month) (Doy) (Yeo	r) (Hour) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OC	CUR?		
OF INJURY (APPROX.)			T WHILE WORK					
23.		III. WORK	WORK L					
I cert	tify that I held on I	nquiry Inspection A	utopsy	and that on the	his bosts	, deoth in m	opinion	
resul	ted from: Notural cou	ses X Accident Suici	de Ho	micide	Undetern	nined monner		
	1100	1500		CHIEF MEDICAL E				
ACTUAL		L719	ASSI	STANT MEDICAL E				DATE SIGNED
SIGNATI		M.	D.	CIATE MEDICAL E				
NAME (1		. Spitz, M.D.		Chief Med				7/29/69
24A. BURIAL CREA	MATION, 24B. DATE	24C. NAME OF CEMETER			LOCATIO		vn, or county)	
REMOVAL (Speci	(y) a 2	10 -1	1	1				11/11
25A DATE PECID	BY HEALTH DEET	105 NAME OF PERIODA	e (1)	UNERAL DIRECT	OP		ADDRESS	VIL
JUJHE3	1969 66828	L. Salver, M. D.	250.	DIVERGE DIRECTO	2, 1.	0	ADDRESS	1 21.
OOL			y	5/m	lis	do	use,	13 /le
VS 151-REV. 1/1/68	3	1 3 0 3 0 0	1) (1	0 7	Q.			

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7-125	BALTIMORE CITY	HEALTH DEPARTMENT		0.0	hard and hard
		CERTIFICA	TE OF DEATH	REG. NO	59	7707
	DAME OF DECEASED	08	2. DATE AND	HOUR OF DEATH	1	0150
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where	deceased lived, If in	stilulion: resid	ence before odmission)
III HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY OR TOWN		153	38
11	h //		12Alto.	D. INSI	YES -	5? NO 🗌
	3/ Mercy Hosp.		3404 FAIR	visus A	ye.	
5. 5	6. RACE 7. MARRIED NEV	ER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Months Do	Yr. If Under 24 His.
don	USUAL OCCUPATION Give kind of work 108, KIND OF BUSINI		11. BIRTHPLACE (State or fareign	country	12. CITIZEN	OF WHAT COUNTRY?
13.	Allerly Self-lay	sloyed	Mallio, 14. MOTHER'S MAIDEN NAME	MX	21.	f. a.
	Otto GREdiner	2	TheresA	Chok	beig.	
15. (Ye:	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (Iff yes, give war at doles of service) SEC	CURITY NO.	17. INFORMANT	. 7		Winters 7 Mg
	18. ) 4- / -   C	AUSE OF DEATH	May Man	ie I. Kno	aty 34	PPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		4+01=	(0.	BETW	EEN ONSET AND DEATH
	heal failure, osthenia, etc. It means the disease.	DUE TO, OR AS	GONSEQUENCE OF:	ary taen	ne	
	injury or complication which caused death.)  ANTECEDENT CAUSES	Duh	ningu fortile	no Record	A.	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DIVE TO, OR AS	A CONSEQUENCE OF	do	_`	
	UNDERLYING CONDITION last.	c) Conju	may jumo	me Stow.	45	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
IFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH (WAS PERFORMED)	PERATION	20A. AUTOPSY? (Yes o No	OR, IF YES, WERE F	INDINGS CO	NSIDERED
11 1	21A. ACCIDENT WAS UNDERLYING 21R. PLACE home, farm,	OF INJURY (e.g., In	or obout 21 C. WHERE DID	(tf In Balttmore		
10	DEATH (notify medical exominer)	loclory, street, aff	ce bldg. INJURY OCCUR?			,
	(APPROX.) While At	OCCURRED  Not While	21F. HOW DID INJUR	OCCUR?		
	Work 22. I certify that (1) (this haspital) attended the dece	At Wark	12/4 196	59 to 7	121	1965
	that (1) (we) last sow the deceased office on	1151	19and that		Ian death o	curred on the date
	and hour and from the causes stated abave. (1) (W) (	did) (did not) vi	ew the bady after death.		23B, DATE SI	GN EDY
	Marvelet Marken	DEGREE Phys.	ding Med. Sta	ff 🖂	7/23	769
	MANUELA-M. RIBEIRD)	M.D.	3D. ADDRESS		1	
24A	BURIAL CREMATION 248, DATE 24C, NAME of C	EMETERY OF CREA	AATORY 24D. LOCA	ATION (City	, lawn, or cou	(Stote)
25A	DATE REC'D BY HEALTH DEN. 1258, NAME OF REGIST	Crago les	25G FUNERAL DIRECTOR	Minione,	M	DDRESS A
	111 3 1 1969 Robert E. Jarber M.D.	000	frank of	Meney	Plake	will &

tente Permenay Elemant Lament Conference Landers Structures Structures

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MYRNIELA M RIBEIRS N.D.

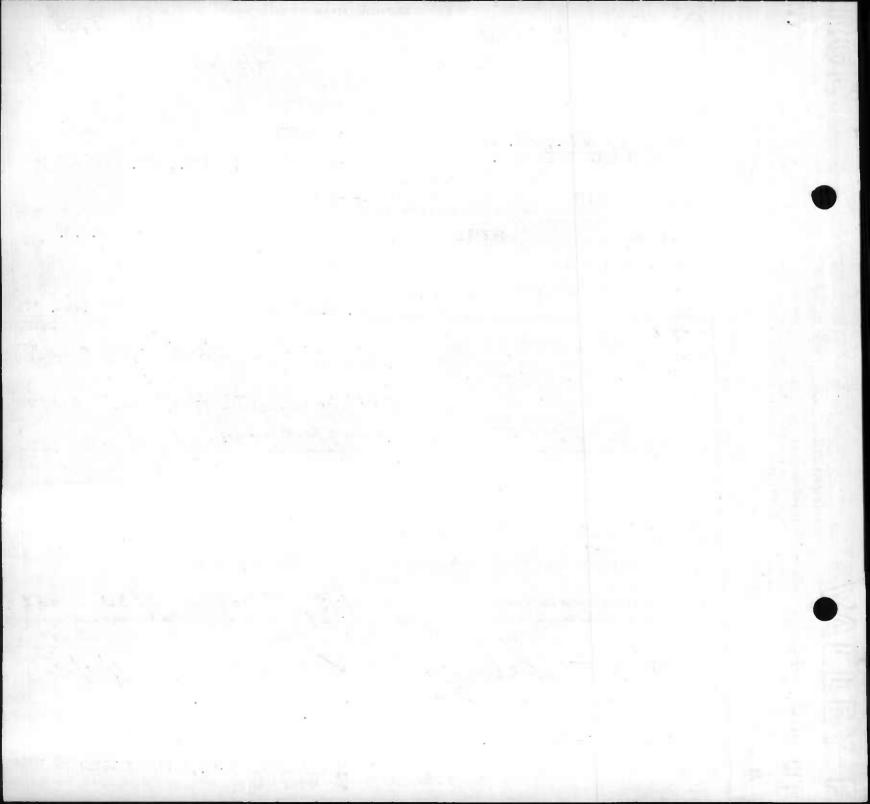
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0 11-1		BALTIMORE CITY	HEALTH DEPARTMENT		CO TIMOS
	C-450	7708	CERTIFICA	TE OF DEATH	REG. NO	69 7708
1.1	NAME OF DECEASED	21/			D HOUR OF DEATH	30
(Ту	pe or Print) LAKI	CHA	LOM.	7/	20/69	7 -A M.
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	e degeosed lived, If ins	titution: residence before odmission)
	LL NAME OF (IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	MARYLAND		2758
HO	OSPITAL OR ADDRESS OR LOCAT	TION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	XXX FENWICK APTS A	PT. 21	4	BALTIMORE		YES NO
1	6101 LOCH RAVEN			E. STREET AND NUMBER	UTU DIVO	IDT 014 #01010
5.			TAISUS MARRIS (T)		VEN BLVD. A	PT. 214 #21212
	MALE WHITE	WIDOWED	NEVER MARRIED DIVORCED		ast birthday)	Months Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work) The during most of working life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE   Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
100	SALESMAN	RET	AIL	BERGHDAD		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
	? CHALOM			HABA ?		
15.	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dates	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
``	NO	OI SEIVICE	SECORITI NO.	DR. ALBERT CHAL	OM 6101 100	CH RAVEN BIVD. #12
-	18. 1		CAUSE OF DEAT		OM, OTOT LO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	ECTLY		1. 1.	-4- /	
	LEADING TO DEATH	د م د دنداد	(A) IMMEDIATE CAL		Stands	ill mule
	(This does not meon the mode of heart failure, asthenia, etc. It means	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	deoth.)	11	14. 100	A. 11 L	1 6 11
			(B) OR AS	A CONSEQUENCE OF:	Tic Heart	aisean money
	DISEASES OR CONDITIONS, if o		502 10, 011 10	Hypertens	2 000	
	UNDERLYING CONDITION lost.		(C)	17/100,000	. 671 .	
z	OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING				
ATIO	TO THE DEATH BUT NOT RELATED TO TH	ETERMINAL				
	19A. DATE OF OPERATION 19B. CONE	TON FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	0	JKMED			IN CERIFFING CAC	Jaes Of DEATH:
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. hom etc.	e, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exact location
plo		(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
Ž	OF INJURY (APPROX.)	Whi	ile At Not While			
	22. I certify that (I) (this hospital)				969 10	7/30 1069
	that (I) (we) lost saw the deceased		7/30			nion death occurred on the date
	and hour and from the couses state		/	/	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	non decin occorred on the date
	23A. SIGNATURE	ou obove. (	/ ("") ("") ("") ("")	Tew the body offer deom.	· · ·	23B. DATE SIGNED
	#///	lake			Staff	7/30/19
	23C. PHYSICIAN'S	(actor	DEGREE Phy	23D. ADDRESS	Phys.	1-1-1
	23C. PHYSICIAN'S NAME (Type) ALBERT	CHALO	H. H.D	6101 LOCH RAVE	N BLVD.	
24	A. BURIAL CREMATION, 248. DATE	24C.N/	DEGREE	MATORY 24D. LC	CATION (Cit	y, town, or county) (Stote)
1	BURTAL O 7-31-69		LEBANON		TTSVILLE, M	
25	emerical		OF REGISTRAR	25C FILNERAL DIRECTOR		ADDRESS
1	1 3 1 1969 Robert E. Jo			SOL LEVINSON &	BROS.,6010	REISTERSTOWN ROAD
VS	150-REV. 1/1/6B	- War	20. 7			



#### IMPORTAN DIRECTOR: FUNERAL

Such and Deceased death uo hospital death. of attendance (2) cause (4) Undetermined cause; D 0 prior contributing occurred is made. 9 regul eceased death disposition 0 ō MOS the direct assistant death 0 kind; final attendance any pronounced OF embalmed fracture of gular who re 4 physician chief medical remains Was physician Body the the O before the any nature; (2) where to the hospital Ŷ obtained 9 approved (except and pe of hospital death) the body was released must accident 0 approval O his certificate prior <del>d</del> An

D.O.A.

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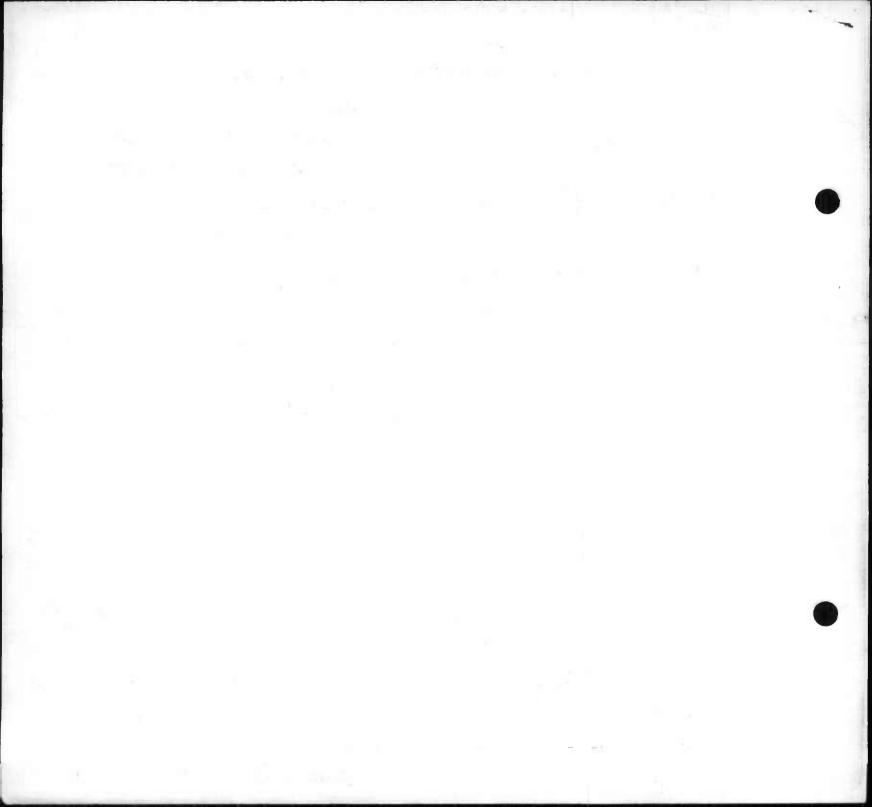
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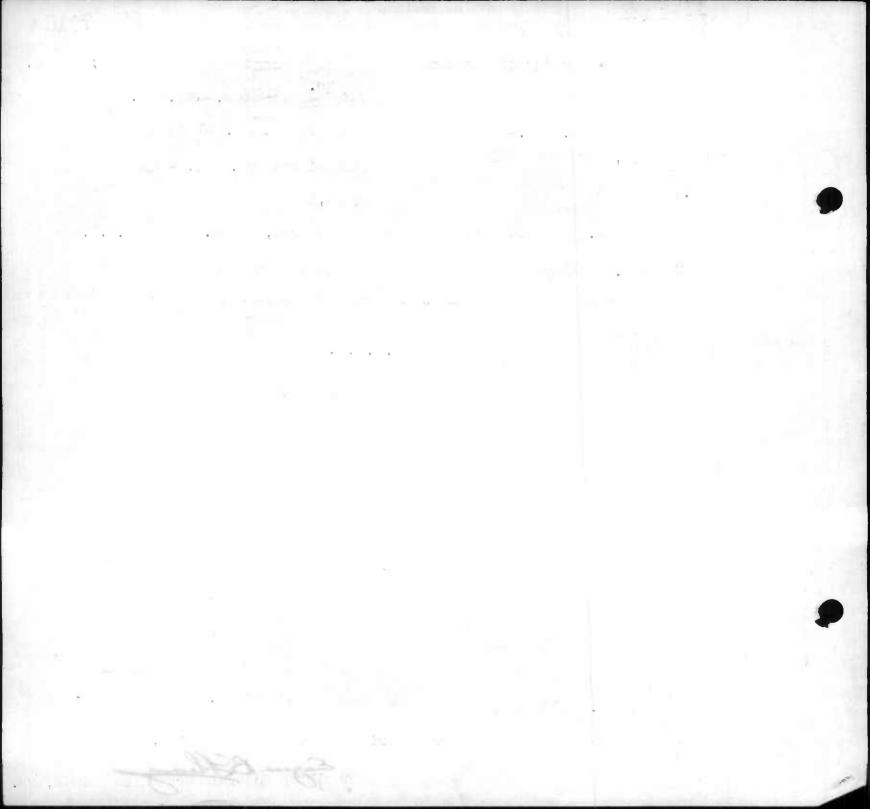
written

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 28 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution, residence before admission)
A. STATE
B. COUNTY MY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Imo na YES L NO 5. SEX 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH If Under 1 Yr. MARRIED NEVER MARRIED If Under 24 His. Hours WIDOWED X DIVORCED 20 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or loroign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANDREN 15. Was Doceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give wor or dotos of sorvice) SECURITY NO. 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease. injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. (c). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., In or about 21C, WHERE DID home, larm, lactory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21D. TIME 21E INJURY OCCURRED (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURT Not While While At (APPROX.) Work At Wark 22. f certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) Spinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending \_\_\_ Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERT er CREMATORT 24D. LOCATION (City, town, or county) 7-30-I969 Burial Sacred Heart Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

WALTER DABROWSKI 1005 DUNDALK AVENUE VS 150-REV. 1/1/68



	H. O. A. A.	TY HEALTH DEPARTMENT	9 7710
the	BIRTH NO.  M.E. CASE NO.  69 7710 CERTIFIC	ATE OF DEATH Registered No.	1110
- S	Type or Print Edna B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2. DATE AND HOUR OF DEATH 7-26-69	9;00 A.M.
ded	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution: A. STATE 10 8. COUNTY  C. CITY OR TOWN (If outside city limits, write RURAL or	
ior	915 Belgian Ave. Apt1A  Baltimore, Maryland 21212	D. STREET ADDRESS (If rural, give location)	
9 9	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	915 Belgian Ave. Apt 1A  B. DATE OF BIRTH  19. AGE (In years   16 Und	er 1 Yr If Under 24 Hrs.
egul s ma	WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)	May 26,1876 93	Doys Hours Min.
dece	done during most of working life, even if retired) Housewife (ret.) Own Home	Springbero, Penna.	U.S.A.
disposition	Homer A. Bentley	Emma Kelley	
final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No None	6 Miss Helen Hancock(Daughter	) Same as
med or fina	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	of DEATH S.H.D.	INTERVAL BETWEEN ONSET AND DEATH
mpal	ANTECEDENT CALLSES	enility	
mains are emba	DISEASES OR CONDITIONS, if any, giving		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
	DEATH (notify medical examiner) etc.)	, in or obout 21C. WHERE DID (If in Boltimore City, gi office bldg., INJURY OCCUR?	ve exact location)
obtained	21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED  OF INJURY (APPROX.) While At Not Wark At Wo	hile 21F. HOW DID INJURY OCCUR?	
pe opt	22. I certify that (I) (this hospital) attended the deceased fram—that (I) (we) last saw the deceased alive an April	19 ta	ath accurred an the date
ust b	and haur and from the causes stated above. (I) (We) (did) (did not	· · · · · · · · · · · · · · · · · · ·	ARE SIGNISE
al must	23A, SIGNATURE	Attending Med. Stoff	TE SIGNED
	23C. HYSICIAN'S NAME (Type)	23D. ADDRESS  5490 Simola ir la. Baltimo	-26-69 re Md. 21206
approval	Fernando B. Juliao, M.I. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		or county) (State)
	Burial 7/28/69 Glen Haven Mem	o <b>rt</b> al Park Glen Burnie, M	aryland
	JUL 3 1 1969 Jober E. Jacker M.D.	STATISTON FUNDERS Home 51	an Aurnie, Md
	VS 150-REV. 1/1/65		7



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and of the object has a proposal must be obtained before the remains are embalmed or final disposition is made.

S SIII BALTIMORE CI	ITY HEALTH DEPARTMENT
5-5/4 69 7711 CERTIFIC	ATE OF DEATH REG. NO.
1. NAME OF DECEASED Simpler - William	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	7-28-69 9 Pm M.  [4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
	maryland - Baltimore
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OF JOWAL 1 STORES D. INSIDE CITY LIMITS?
12 Sinai hospital	YES NO
700	3721- Courtleigh. Dr. Rendullstown Md
6. RACE COCUTION WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. Months Doys Hours Min.  44
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	22
C.P. Telephone Co. C.P. Telephone Co.	
Joseph Arthur Simpler	Clara I. Williams
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no granknown) (If yes, give war or dates of service)	Mrs. Betty R. Simpler 3721 Cortleigh Dr.
18. 410,9 1 CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Ventricular - Librilation 30 minutes
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	acute Mocardial Infarction 2 Hours
ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION lost. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISCASE OF CONDITION OF THE TAIL THE TA	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner) NO	g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location), office bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not V	
22. I certify that (I) (this haspital) attended the deceased from	
	19 6 4 ond that in (my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not	y view the body ofter death.   238, DATE SIGNED
R. Horrazan. M.D	Attending Med. Staff Phys. 7-28-69
23C. PHYSICIAN'S NAME (Type) Dr. Januarence, Solomon	3600 - Locheorn-drive
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	
Burial Aug. 1, 69 Woodlawn Cem.	Woodlawn Maryland Baltimore Co.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
JUL S 1 1969 Robert E. Harber 1629 0	Loring Prers. 8728 Liberty Rd.

. . Telephone Co. C.P. Telephone Co.

doseph lother Mapler

Chara I, Millions

219-12-5077 Fee, Betty R. Simpler 3721 Cortleich Dr.

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vooling buryland baltimers and

Mortice Preys. 8728 Liberty Rd.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BII	5-40	25 69	77	12 CERTIFICA	HEALTH DEPAR	TMENT	REG. NO	69	7712
	NAME OF DEC			arvey Leroy		2. DATE A	NO HOUR OF DEATH	1	12:55 A
3.	PLACE IN BA	LTIMORE, MARYLAND,	VHERE FRONG	OUNCED DEAD	IIA. STATE	B. COU	ere decoosed lived, if	institution	residence before odmission)
II H	JLL NAME OF	ADDRESS OR LOC	AL OR INSTI	TUTION, GVE STREET	Marylan		ne Arundel	4	52.00
like	STITUTION"	3900 Loch Ra Baltimore, M			Brookly	n Parl		SIDE CITY YES	1/
					522 Hol				.225
٥.	Male	6. RACE	1.00	NEVER MARRIED	7-21-11	1	9. AGE (In yours lost birthdoy)	If Und Months	er 1 Yr. (f Under 24 Hrs. Doys Hours Min.
10/	LUSUAL OCC	UPATION (Give kind of wor	WIDOWEL	F BUSINESS OR INDUSTRY		State or for	W	12. CI1	TIZEN OF WHAT COUNTRY?
	ressman	working life, even if relired)	Print L. G	ing ordon & Sons,	Marylan				U.S.A.
13.	Alfred	ME Seligman			Amanda				
15. (Ye	Was Deceased s, no or unknown	Ever in U. S. Armed Fo ) Of yes, give wor or dot	rces? os of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Records		ADDRESS
	Yes	7-31-43 to	9-20-45			3900 1	Loch Raven B	Blvd.	Balto., Md. 212
	18.	X		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	(A)IMMEDIATE CAL	CARDIAC	ARRHY	THMIA		MINUTES
	heort loilure,	nal meon the mode of asthenia, etc. It means application which coused	the disease	DUE TO, OR AS	A CONSEQUENCE	OF:			***************************************
		ANTECEDENT CAUSES			IARY EMBOL	WEEKS			
	riso to th	OR CONDITIONS, II o obove cause (A) G CONDITION last	any, giving sloling the	(B)	A CONSEQUENCE	OF:			
NOL	OTHER SIGNI	II FICANT CONDITIONS CO	NTRIBUTING		LIZED ART	ERIOSO	CLEROSIS		
CERTIFICATION	DISEASE OR C	ONDITION GIVEN IN PAI OPERATION 198 CON WAS FER	DITION FOR		20A. AUTOPSY	Yos or N	o) 20B, IF YES, WERE IN CERTIFYING CA	FINDING:	S CONSIDERED DEATH? YES
1	21 A. ACCIDE	NT WAS UNDERLYING DITING CAUSE OF	21	B. PLACE OF INJURY (e.g., i me, form, foctory, street, al	or obout 21 C. WH	ERE DID			ve exoct location)
CAL	DEATH (notify	medical examined	etc	ille tom, lociory, siree, di	inco niggo listoki	OCCO R			
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E INJURY OCCURRED  hilo At  Not While ook  At Work		W DID IN	JURY OCCUR?		
	22. I certify	that (1) (this hospita	) attended	the deceased from	July 25		19 60 to Ju	ılv 3	19 69
		lost sow the deceose							oth accurred an the date
			ed above.	(Me) (qiq) (qiq yar) A					
	23A. SIGNATI	lund /le	ndo	DEGREE Atte	nding Med	d.	Staff Phys.	238, DA	TE SIGNED -69
	PHYSTCIA NAME (1	ypo)	a attra		23D. ADDRESS				
244	BURIAL COF	EDWARD RU	SCHE, M	DEGREE			Blvd, Balt		
	Burial	Specify) 8/4/69	1	eltimore Nation			eltimore, Ma	ity. town. rylan	
	JUL 3 1		25B, NAME	OF REGISTRAR	25C, FUNERAL MCCAL		R		ADDRESS

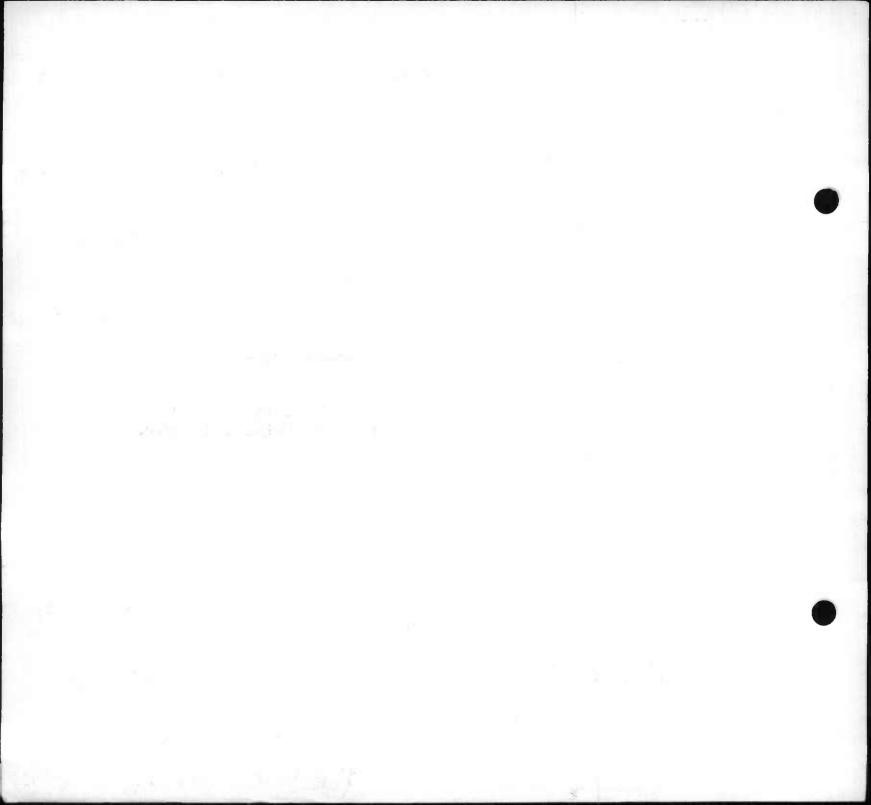
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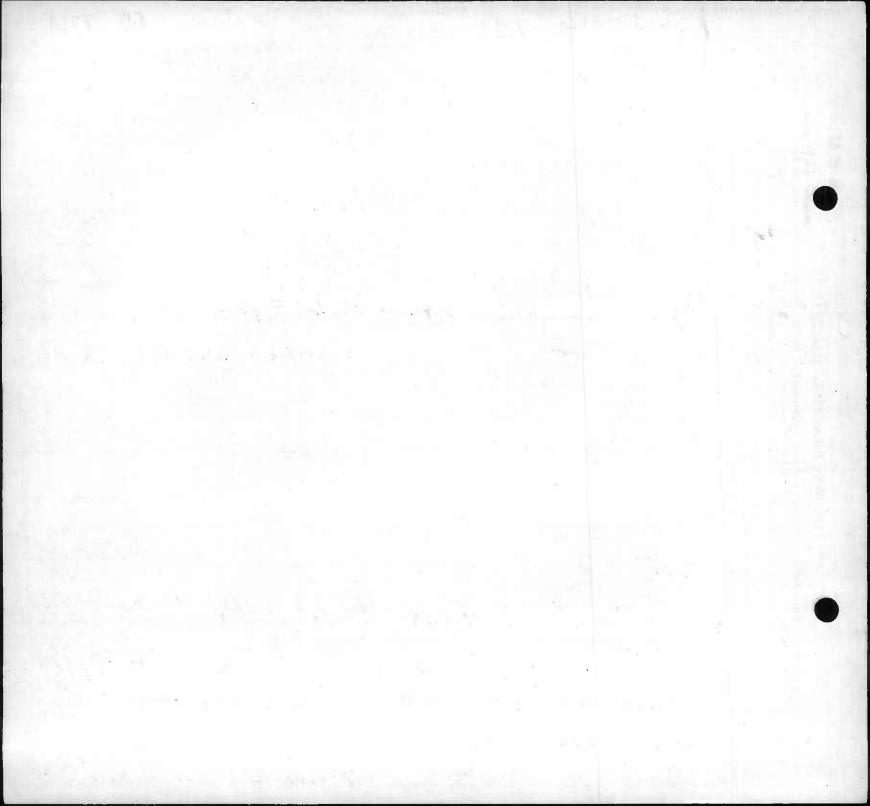
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

H-300 BALTIMORE CITY HEALTH DE CERTIFICATE OF	59 7519 4
I. NAME OF DECEASED	12. DATE AND HOUR OF DEATH
(Type or Print) DAVID CHRISTOPHEN Hitt	July 28, 1969 1 605 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL R. A. STATE	ESIDENCE (Where deceased lived, Il institutions residence before admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (C. CITY OR T	ARY 14ND 2664
BA	timore ves No
md. Gen Helle. 351	ND NUMBER
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF I	BIRTH 9. AGE (In years   If Under 1 Yr. II Under 24 Hrs.
MALE WIDOWED DIVORCED July 2	8, 1969  9. AGE (In years   If Under 1 Yr.   Il Under 24 Hrs.   Months Days Hours Min.   135
	CE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13- FATHER'S NAME	md USA
1111/1/ Cate	S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Farces? (I'es, no or unknown) lift yes, give wor or dates of sorvice)  16. SOCIAL SECURITY NO.	NT ADDRESS
11 1	ther SAME
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Pulmo	
heart failure, asthenia, etc. It means the disease,	CE OF:
injury or complication which coused death.)	-17
(B) HONNIGIAN OF	rastic(pleural) cavity.
UNDERLYING CONDITION lost.  (c)	rusice(peeduce, edoceg.
Z 7155 (1015)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).	+920 dra transferra na naconocio con control dell'esperando control
	PSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C.	WHERE DID (III In Religioners City, citys exact location)
DEATH (notify medical examine)	RY OCCUR?
S OF MAJOR!	HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (i) (this hospital) attended the deceased from 54/4 28 that (i) (we) last saw the deceased alive an 54/4 28 196	9 1969 ta Jaly 21 1969
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body	intimy, ton, abunch acquired all the date
23A. SIGNATURE	23 R. DATE SIGNED
23C. PHYSICIAMS DEGREE Phys. DEGREE	Med. Staff 7/23/69
23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DAL 24C. NAME of CEMETER OF CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL 7.29-69 HOLLY HILLS MEMORIAL G	EM. BALTO, MD.
JUL 3 1 1969 Policie & Falle 120	BAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68	Complete - x 234 & fferen &



BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH and of death cause; (5) Deceased Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) no 11:50 a hospital USUAL RESIDENCE (Where dedeosed lived. If institution; residence before admission)
STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause C. CITY OR TOWN FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET gng Ö HOSPITAL OR ADDRESS OR LOCATION D. INSIDE CITY LIMITS? 0 NO. YES 20000 priar E. STREET AND NUMBER contributing etermined in regular or final dispasition is made 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. deceased 7. MARRIED NEVER MARRIED If Under 24 Hrs. lost birthdoy Months: Doys Hours 3 ema WIDOWED DIVORCED tOA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dud 0 POUSE WITE Mary SID 13. FATHER'S NAME the MOTHER'S MAIDEN NAME direct 9 3 grene LO death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. attendance 3-66any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed LEADING TO DEATH BREAS (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF gular hearl failure, osthenio, etc. It meons the disease, the chief medical examiner injury or complication which caused death,) ha ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF 9 abtained before the remains are DISEASES OR CONDITIONS, if ony, giving 3 the above couse (A) stating the <u>@</u> lo the physician UNDERLYING CONDITION lost. Na physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) ta the haspital MEDICAL DEATH (notify medical examiner) nature; be approved by 21 D. TIME OF INJURY (Month) (Doy) (Hour) 21F. HOW DID INJURY OCCUR? (Yeor) 21E. INJURY OCCURRED (9) pup Not While (except While At (APPROX.) Work At Work any 22. I certify that (f) (this haspital) attended the deceased fram death); 1969 that (1) (we) last saw the deceased alive an... and that in (my) (our) apinian death accurred an the date be haspital ond haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. released must accident 23A. SIGNATURE 23 B. DATE SIGNED This certificate must Attending | Med. Shaff 0 Phys. Director approval 0 23 C. PHYSICIAN'S 23D. ADDRESS deceased prior at a NAME (Type) MOS Mahmoud 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) the bady 0.0 REMOVAL (Specify) NOW RICK 25A. DATE REC'D BY HEALTH DEPT. M as NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/6B



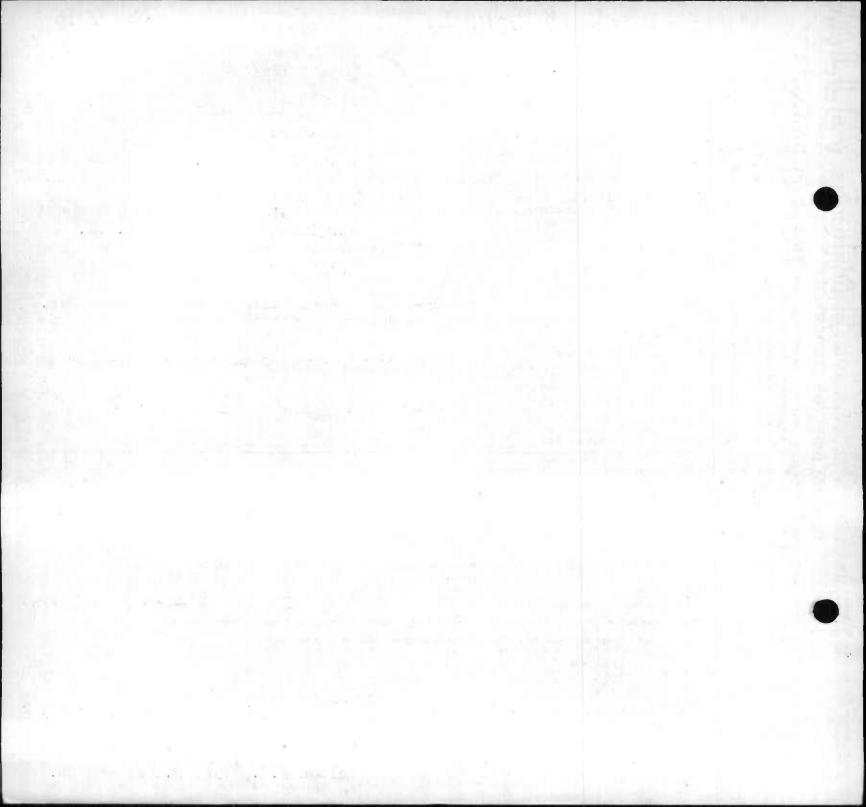
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7	1		D-s
- 9	- 4	-2.	6 .

BIRTH NO.		MED	ICAL	EXAMINER 3	CEKTIF	CATE	. Or	DEAT	REG. NO	O.	) (	777
1. NAME OF DEC	EASED				2. DATE	Known	K)	Month	Day	Yeor	Hnur	
(Type or Print)	I	EARL M	1. COC	HRAN	OF DEATH	Estimo	ted 🔲	July	28, 196	9		м.
4. PLACE IN BAL	TIMORE, MARY	YLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	141.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT I	N HOSPITA	L OR INSTI	TUTION, GIVE STREET		DUNCED D		July			4:5	IV1.
OK INSTITUTION	Baltimo	ore Ci	ty Ho	espital (DOA)	A. STATE	Mary		deceosed in	B. COUNTY	A A	O .	nission)
6. SEX	7. RACE		B. MARRII	ED NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE CI	TY LIMITS	?	
Male	White		WIDOWI	ED DIVORCED	Ba.	lto.			YE	s 🗆	NO 🗆	
9. DATE OF BIRT	1	O. AGE (In		If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.		AND NUA		1 D	- 1			
Nov. 2.	1916	52	1	2. CITIZEN OF	13. FATHE		Dres	cel Ro	ad			
				WHAT COUNTRY?	IS. FAIRE		d	2				
Mt Clar			4B. KIND	OF BUSINESS OR INDUSTR	VIS. MOTH	Hart		hran				
done during most of v		if retired)			, or mon							
16. WAS DECEAS	ED EVER IN II			Steel	IB. INFOR		lan	Marti		DRESS		
(Yes, no or unknown				SECURITY NO.			deal					
19.	2 62			CAUSE OF DEA		dred	coen	ran	Sa		APPROXIMATE	INTERVAL
569	1,91							1.1	1 .		TWEEN ONSET	
DISEAS	E OR CONDITI		CTLY	Massive	gastro.	·intes	tinal	bleed	ling			
(This does n	LEADING TO D		ng. e.g.	(A) IMMEDIATE		OUENICE OF	F.					
heart failure	nosthenio, etc. It	meons the	diseose,	DUE TO, OR	AS A CONSE	QUENCE OF	16					
			,									
	NTECEDENT CA			(B) DUE TO, OR	45 4 CONS	roughler e						
RISE TO THE	OR CONDITION	E (A) STAT	NG THE	DUE 10, OK	AS A CONS	EQUENCE	Jr:					
Z UNDERLYIF	NG CONDITIO	N LAST.		(C)								
12	11											
OTHER SIGN	NIFICANT COND ATH BUT NOT RE	ELATED TO	THE TERMIN									
A	CONDITION G			OR WILLIAM ORFO ATION W	AC DERES					In Air	TODONO /V	
B ZVA. DATE OF	r OPEKA IION	200. CON	MINONE	OR WHICH OPERATION W	AS PERFOR	WED				21. AUI	TOPSY? (Ye	or No
	NIAL CAUCE W	AC	10	OF BLACE OF BUILDRY		200 1411150	DE DID (	(f . D to	-		No	
UNDERLYING	NAL CAUSE W. GOR CONTR	18-	h	2B. PLACE OF INJURY (e.g., come, form, foctory, street, office	e bldg., etc.)	INJURY O	CCUR?	It in Boltimo	re City, give exo	et location	)	
	(Month) (Doy		) (Hour)	22E.INJURY OCCURRED		22F. HOW	DID IN	URY OCCI	JR?			
(APPROX.)					WHILE							-
23.	Ify that I hel	d an Ir	nquiry [	1779	topsy	and th	at on th	is basis	death in my	oninion	JIPA S	
	ted from: Not			Accident Sulcid		lomicide [			ned manner	_		
16301	Q. 1	10101 200		verident D south	ie 🗀 ,	CHIEF ME				-		
ACTUAL	1 /1 /	1	2	Jan to	ASS	ISTANT ME			X		DATE SI	GNED
SIGNAT			7,	M.D	•	OCIATE ME						
NAME (	Ulla	irles	S. Sp	ringate, M.D.	Maa	OCIAIC ME	DICAL E.	VAMILAEK	Ju	ly 28	8, 1969	3
24A. BURIAL CRE REMOVAL (Speci		3. DATE		24C. NAME of CEMETERY	or CREMAT	ORY	24D. I	OCATION	(City, town	, or count	(s	tote)
Burial		7/31,	69	Belgir Mem.	Gard			Belai				
25A. DATE REC'D				ME OF REGISTRAR	25C.	FUNERAL	DIRECTO	R	IA	DDRESS		
JUL 31	1303 APP	Bert E.	Martos	2	P	A. F	leem	ann 6	067 Hox	ofor	d Rd	
				7 7 1		444	VA OHK	WILL O	vol ligi		u Ra	

VS 151-REV. 3/1/68

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BIRT	E-3	ACCO		CERTITION	TE OF DEATH	ID HOUR OF DEA	711	
	AME OF DECE e or Print)	Louise G.	Etienn	le	7/27		-	
FUL	L NAME OF	(IF NOT IN HOSPIT		UNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland		If institution: res	2 8 4
HO	SPITAL OR				c.city or town Baltimore	D. I	NSIDE CITY LIA	
	1/3	Sinai Hos	pital		E. STREET AND NUMBER		YES 🔀	NO
	Hos				4210 Eldero	n Ave.		
S. SI		6. RACE		NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under Months	
	Female	Negroid	WIDOWED		6/10/25	43	10 0177	EN OF WHAT COUR
		rorking life, even if retired)	IOB, KIND OI	F BOSINESS OK INDUSIK	Virginia	gn country)		S.A.
	FATHER'S NAM				14. MOTHER'S MAIDEN NA			
(	Charles	Anderson			Celia Huggi	ns		
5. V (Yes	Nos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT	1.04		ADDRESS
1	NO			216-05-7828	John Etie	nne 421	O Elde	ron Ave.
	DISEASES O	plicalian which caused NTECEDENT CAUSES R CONDITIONS, if abave couse (A)	ony, givîng	(B) DUE TO, OR A	USE X 10 COLON A CONSEQUENCE OF:	~ D.20	265	thesh
Z	DISEASES O	nlication which caused INTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.	death.) ony, giving stoling the	(B) DUE TO, OR A	USE X 13 COLOL A CONSEQUENCE OF:	~ D,20	272	tyes
Ĭ	DISEASES O iise to the UNDERLYING OTHER SIGNIFI TO THE DEATH	NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last.  I CANTCONDITIONS CO	death.) ony, giving stoling the NTRIBUTING HE TERMINAL	(B) DUE TO, OR A	S A CONSEQUENCE OF:	~ D.20	245	thesh
<	DISEASES O iise to the UNDERLYING OTHER SIGNIFI TO THE DEATH	Picalian which caused INTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.  II CANT CONDITIONS CO H BUT NOT RELATED TO TO DODITION GIVEN IN PAR	ony, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR A	20A. AUTOPSY? (Yes of No			
CAL CERTIFICA	DISEASES O ise la lhe UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF	NTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.  11 CANT CONDITIONS CO H BUT NOT RELATED TO TO TO THE NOT RELATED TO TO TO THE NOT THE NOT TO TO TO THE NOT THE NOT TO TO TO TO THE NOT THE	death.) ony, giving stoling the NTRIBUTING HE TERMINAL IT (A). DITION FOR FORMED	WHICH OPERATION  B. PLACE OF INJURY (e.g., no, form, foctory, street,		20B, IF YES, WE IN CERTIFYING		CONSIDERED EATH?
EDICAL CERTIFICA	DISEASES O  ise la lhe  UNDERLYING  OTHER SIGNIFI TO THE DEATH  DISEASE OR CO  19 A. DATE OF  21 A. A C CIDEN  OR CONTRIBU'  DEATH (notify	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  11  CANTCONDITIONS CO HOUSE (A) CONDITION STATE (A) CONDITION STATE (A) CONDITION STATE (A) CONDITION SIVEN IN PAR COPERATION 198. CON WAS PERITING CAUSE OF	death.) ony, giving stoling the NTRIBUTING HE TERMINAL IT I (A). DITION FOR FORMED	WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, foctory, street, )  INJURY OCCURRED	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	O) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
MEDICAL CERTIFICA	DISEASES OO DISE IN THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBU DEATH (notify 21 D. TIME	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  CANTONDITION CON BUT NOT RELATED TO TO NOTITION GIVEN IN TO TO NOTITION CON WAS PERITURED TO	death.) ony, giving stoling the NTRIBUTING HE TERMINAL IT I (A). DITION FOR FORMED	WHICH OPERATION  & PLACE OF INJURY (e.g., me, form, foctory, street,)  E INJURY OCCURRED Not While At Not Wh	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	O) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
MEDICAL CERTIFICA	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DEATH DISEASE OR CO. 19 A. DATE OF THE PROPERTY OF THE PROPERT	NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  11  CANTONDITIONS COH BUT NOT RELATED TO TO	death.) ony, giving stoling the NTRIBUTING HE TERMINAL IT IN ON FOR FORMED  (Hour) 21E Whow wo	WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, foctory, street, )  INJURY OCCURRED  Not What At Work  The deceased fram	in or obout 21 C, WHERE DID office bldg., INJURY OCCUR?	OP 20B. IF YES, WE IN CERTIFYING  (If in Bolti  URY OCCUR?	RE FINDINGS CAUSES OF D	CONSIDERED EATH? exoct locotion)
MEDICAL CERTIFICA	DISEASES OR COUNTY OF THE PROPERTY OF THE DEATH (NOTIF) OT THE DEATH (NOTIF) OF THE DEATH (NOTIF) OT THE	Interest of the second state of the second sta	death.) ony, giving stoling the Stoling the TERMINAL IT 1 (A). DITION FORMED  218 hometc. (Hour) 21E Wk. Ww.	WHICH OPERATION  B. PLACE OF INJURY (e.g., no., form, foctory, street,)  L. INJURY OCCURRED Not Wholk At Work  the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	OP 20B. IF YES, WE IN CERTIFYING  (If in Bolti  URY OCCUR?	RE FINDINGS CAUSES OF D	CONSIDERED EATH? exoct locotion)
MEDICAL CERTIFICA	DISEASES OO GISE IN THE RESIGNIFITO THE DEATH DISEASE OR CO. 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and	INTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  CANTCONDITIONS COMBUTE CONDITIONS COMBUTE COUSE (A) CONDITION LAST.  CANTCONDITIONS COMBUTE CONDITIONS COMBUTE COUSE OF MEDICAL CAUSE OF	death.) ony, giving stoling the Stoling the TERMINAL IT 1 (A). DITION FORMED  218 hometc. (Hour) 21E Wk. Ww.	WHICH OPERATION  B. PLACE OF INJURY (e.g., no., form, foctory, street,)  L. INJURY OCCURRED Not Wholk At Work  the deceased fram	in or obout 21 C, WHERE DID office bldg., INJURY OCCUR?	OP 20B. IF YES, WE IN CERTIFYING  (If in Bolti  URY OCCUR?	RE FINDINGS CAUSES OF D	CONSIDERED EATH?  exoct locolion)
MEDICAL CERTIFICA	DISEASES OR COUNTY OF THE PROPERTY OF THE DEATH (NOTIF) OT THE DEATH (NOTIF) OF THE DEATH (NOTIF) OT THE	INTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  II  CANTCONDITIONS COMBUTE CONDITIONS COMBUTE COUSE (A) CONDITION LAST.  CANTCONDITIONS COMBUTE CONDITIONS COMBUTE COUSE OF MEDICAL CAUSE OF	death.) ony, giving stoling the Stoling the TERMINAL IT 1 (A). DITION FORMED  218 hometc. (Hour) 21E Wk. Ww.	WHICH OPERATION  3. PLACE OF INJURY (e.g., no, form, foctory, street, or control of the control of the deceased fram the deceased fram of the deceased fram	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ ile  19 and th view the bady ofter death.	OP 20B. IF YES, WE IN CERTIFYING  (If in Bolti  URY OCCUR?  19ta	RE FINDINGS CAUSES OF D	CONSIDERED EATH?  exoct locotion)
MEDICAL CERTIFICA	DISEASES OO DISE IN THE PROPERTY OF THE DEATH OF THE DEAT	Interest of the course of the	death.) ony, giving stoling the Stoling the TERMINAL IT 1 (A). DITION FORMED  218 hometc. (Hour) 21E Wk. Ww.	WHICH OPERATION  R PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, f	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ ile  19 and th view the bady ofter death.	URY OCCUR?	ere FINDINGS CAUSES OF Dimore City, give option deatless.	CONSIDERED EATH?  exoct locotion)
MEDICAL CERTIFICA	DISEASES OO iise la lhe UNDERLYING  OTHER SIGNIFITO THE DEATH DISEASE OR CO.  19 A. DATE OF  21 A. ACCIDEN OR CONTRIBUTED DEATH (notify)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and 23 A. SIGNATURE)	Interest of the course of the	death.) ony, giving stoling the Stoling the TERMINAL IT 1 (A). DITION FORMED  218 hometc. (Hour) 21E Wk. Ww.	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, or continuous)  INJURY OCCURRED  Not Whoth At Work  The deceased fram  I) (We) (drd) (did nat)  At Ph	20A. AUTOPSY? (Yes of No in or about 21 C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJule of the death.  21F. How Did in in or and the wile with a bady ofter death.  23D. ADDRESS.	OP 20B. IF YES, WE IN CERTIFYING  (If in Bolti  URY OCCUR?  19ta	RE FINDINGS CAUSES OF D	CONSIDERED EATH?  exoct locotion)
MEDICAL CERTIFICA	DISEASES OO GISE IN THE RESIGNIFIT TO THE DEATH DISEASE OR CO. 19 A. DATE OF THE DEATH (notify 21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23 A. SIGNATURY (APPROX.)	Interest of the course of the	death.) ony, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR MED  (Hour) 21E Wh. W.	WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, linite At At Work At Wor	20A. AUTOPSY? (Yes or No in or obout 21C, WHERE DID office bldg, INJURY OCCUR?  21F. HOW DID INJ ile  19 21F. HOW DID INJ when the bady ofter death.  and the product of the bady of the bady of the bady.  23D. ADDRESS.	OP 20B. IF YES, WE IN CERTIFYING  (If in Bolti  URY OCCUR?  19ta	ere FINDINGS CAUSES OF Dimore City, give option deatless.	exoct locotion)  exoct locotion  accurred on the
MEDICAL CERTIFICA	DISEASES OO DISE IN THE PROPERTY OF THE DEATH OF THE DEAT	Interest of the course of the	death.)  ony, giving stoling the stoling the TERMINAL IT 1 (A). DITON FOR MED  (Hour) 21E Whow wo attended the dalive on attended to the dalive of the daliv	WHICH OPERATION  R. PLACE OF INJURY (e.g., ne, form, foctory, street, or the stre	20A. AUTOPSY? (Yes or No in or obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ ile  19 and th view the bady ofter death.  Pending Med. Director  23D. ADDRESS.	OF THE STATE OF TH	opinion death	exoct locotion)  exoct locotion  accurred on the



	5-552 69 7717 BALTIMORE CITY HE	ALTH DEPARTMENT						
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 69 7717						
	BIRTH NO.	ERTIFICATE OF DEATH REG. NO.						
	1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour						
	VERDERY SIMMONS	DEATH Estimoted						
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	July 29 1969 8:40 P.,						
	OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission) A. STATE B. COUNTY						
	LUTHERAN HOSPITAL (DOA)	Maryland 703						
f	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	Male Negro WIDOWED DIVORCED	Baltimore YES NO NO						
	9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr, If Under 24 Hrs,   Months   Doys   Hours   Min.	E. STREET AND NUMBER						
	6-9-35 34	958 N. Collsingen Avenue						
	t1, BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
	North Carolina WHAT COUNTRY?	Richard Simmons						
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	15. MOTHER'S MAIDEN NAME						
	Laborer	Minnie Gainey						
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS						
	(Yes, no or unknown) (I yes, give wor or doles of service)  SECURITY NO.	Mrs. Loretta Simmons958 Collington A						
	19. CAUSE OF DEAT	APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA						
	LEADING TO DEATH  (A)IMMEDIATE CAUSE							
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease.	S A CONSEQUENCE OF:						
	Injury or complication which caused death.)							
	ANTECEDENT CAUSES (a)							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
	UNDERLYING CONDITION LAST.							
	Z (C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	OF COLUMN (C)	S PERFORMED 21. AUTOPSY? (Yes or No)						
	Ō							
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	n or obout 22C. WHERE DID (il in Boltimore City, give exoct location) YES bldg., etc.) INJURY OCCUR?						
	UTING CAUSE OF DEATH.    home, farm, foctory, street, office   Sidewalk							
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	In front of 1700 Laurens St.						
	(APPROX.) July 29,1969 8:10 Pm. WHILEAT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE X Stabbed during altercation						
	23.							
	i certify that i held on inquiry Inspection Aut	opsy and that on this basis, deoth in my opinion						
	resulted from: Natural couses Accident Suicide							
	(1) 11111 . 1	CHIEF MEDICAL EXAMINER						
	SIGNATURE MILES MEAN MAIN	ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S M.D.	ASSOCIATE MEDICAL EXAMINER						
	NAME (Type) Ronald N. Kornblum, M.D.	7/30/69						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	or CREMATORY 24D. LOCATION (City, town, or county) (State)						
	Burial 8/2/69 Mt Auburn Ce	emetery Balto., Md.						
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	1111 3 1 1969 Robert E. Farber, M.D.							
I	/5   51-REV, 1/1/68	Wm C March 928 E. North Ave.						
	1/874,01-0 9 0	07101						

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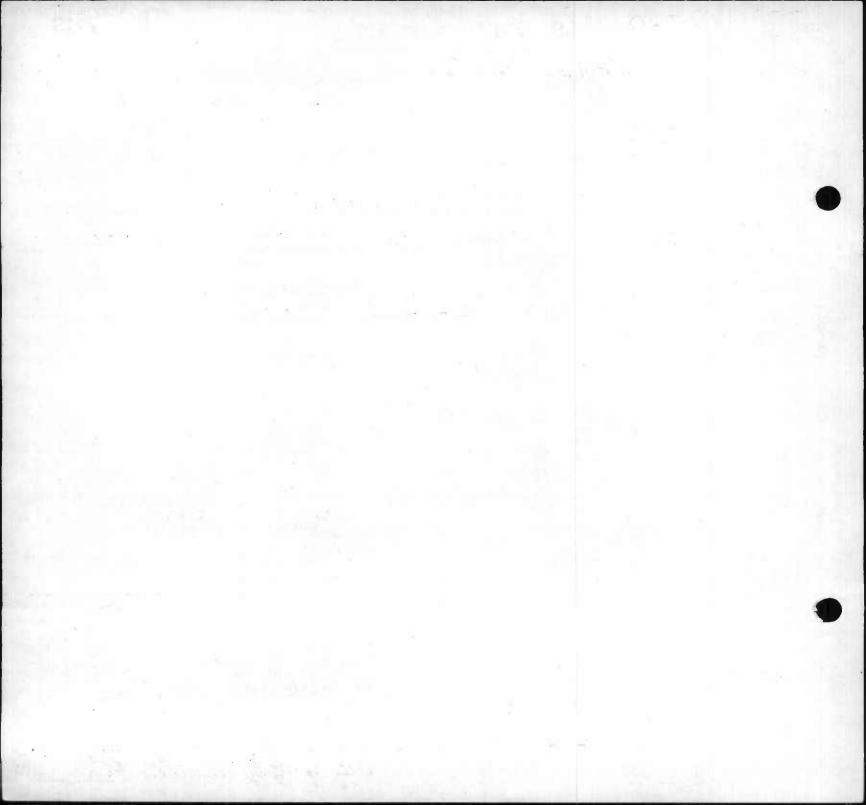
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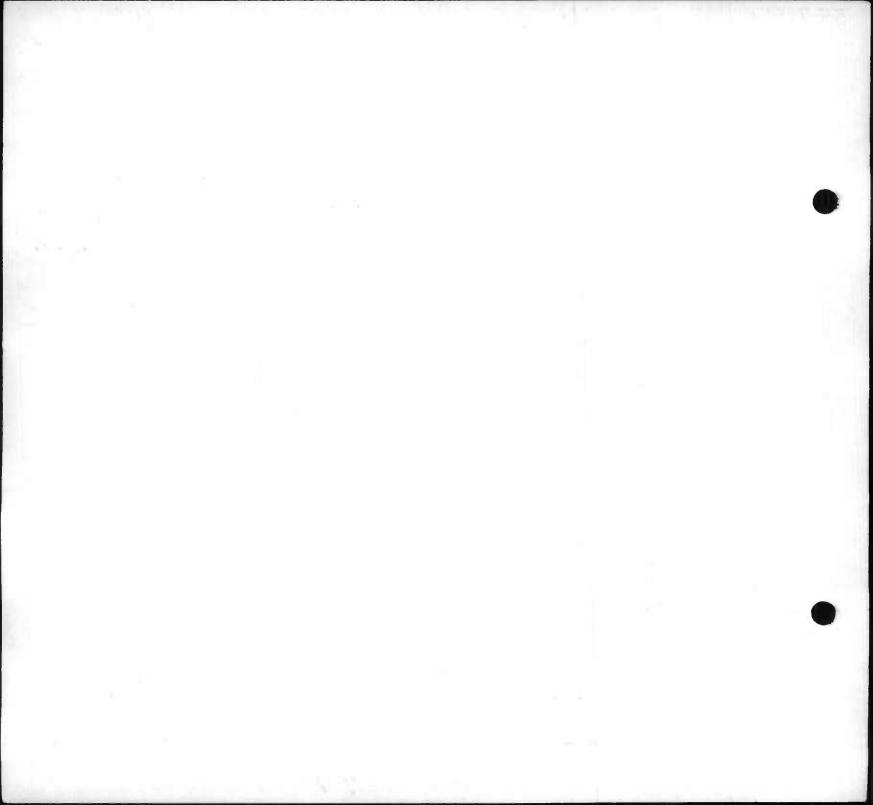
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	A 1/10 CO MINIAD	BALTIMORE CITY	HEALTH DEPARTMENT	00	May 4.0		
	B-412 69 7718	CERTIFICA	TE OF DEATH	REG. NO.	7718		
	BIRTH NO.	OZKTII TOX					
	1, NAME OF DECEASED	LL UP	S 2. DATE AND HOL	10	4. 15 P.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where dece	osed lived. If institution: r	esidence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	N CIVE STREET	NO	/	301		
	HOSPITAL OR ADDRESS OR LOCATION)	N, OIVE SIKEEI	C. CITY OR TOWN	D. INSIDE CITY L	IMITS?		
			BAZT7 MORE	YES [	NO 🗌		
	Lutheron Hospital		E. STREET AND NUMBER	WENT A	VI-		
de.	46		2462 LAKEVIEW AVE				
ma.	5. SEX 6. RACE 7. MARRIED N WIDOWED	DIVORCED	B. DATE OF BIRTH  9. AGE lost bir	(In years If Under Months			
1 5	16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITI	ZEN OF WHAT COUNTRY		
0	RETIRED		Virginia		ISA		
051	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
disposition	- Thomas Billups		Mary				
_	15. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT		ADDRESS		
final	Tres, no or unknown/till yes, give wor or unles or services	SECURITY NO.	811 Mrs Mary Bi	11 was 246	2 Lakeview		
or fi	18 110 91	CAUSE OF DEAT		. 1	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY			1 0	BETWEEN ONSET AND DEATH		
med	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Polvic & C	abdo m'u	W		
0	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		,		
emp	injury or complication which coused death.)	1 -	DU LATTINO	a prograd	lititis		
	ANTECEDENT CAUSES	(B) DUE TO, OR AS	A CONTROLL OF CO.	3 07 1000			
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	a M	A CONSEQUENCE OF:	18 tala			
In S	UNDERLYING CONDITION Iost.	(c)	V				
remains	Z OTUS CONTRIBUTIONS CONTRIBUTIONS						
re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			**			
the	Olsease or condition given in Part 1 (a).	H-OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED		
	1 = 1-21/-69. Deluz + 0	Jan als	euls .	EKIITING CAUSES OF	DEATH		
before	OR CONTRIBUTING CAUSE OF home. for	CE OF INJURY (e.g., i	n or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, giv	e exoct locotion)		
pe	DEATH (notify medical examiner) etc.)						
ed	OF INJURY	URY OCCURRED	21 F. HOW DID INJURY O	CCUR?			
ained	(APPROX.) While A	Not While At Work	e 🗌				
þ	22. I certify that (I) (this hospital) attended the d		7-5- 1969	7 to 7-	- 28 19 69		
pe o	that (I) (we) last saw the deceased alive an	7-23-	19 69 and that in	my) (our) opinion dec	th accurred on the date		
	ond hour and fram the causes stoted obove. (1) (W	(did) (did nat)	view the bady ofter deoth.				
must	234/SIGNATURE	1 >		23 B. DA	TE SIGNED		
	sunau or origin	C NIAGEGREE TH	Med. Staff Phys.	8 7-	-38209		
000	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	the a pro-	110		
approval	SUNAN VONRKASEN	187Ry DEGREE	LUTHERAN	100 p. 04-1	ا موت		
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	of CEMETERY OF CR		ON (City, town,	or county) (State)		
en	Burial 8/1/69 Arbi	stus Men	1. Park Batto	Md.			
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF B	EGISTRAR	25C. FUNERAL DIRECTOR	2 (	ADDRESS		
3	J 1 1303 Valer & Nacher, M.	3 000	GUM COMA	18ch 928	E, NOVTY		
	VS 150-REV. 1/1/68	* ***					

5 - 18 71 Mory THOMAS Billaps 



	W-452 69 7720 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 7720 4						
	1. NAME OF DECEASED BOY WILLIAMS, LAUREN 2. DATE AND HOUR OF DEATH  1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  7. 19.69  3. PLACE IN BALVIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence, before admission)						
/	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  BALTIMORE  VES NO						
	E. STREET AND NUMBER    E. STREET AND NUMBER    E. STREET AND NUMBER    208 Young Court Apt. C=1 21202   S. SEX     6. RACE     7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH     9. AGE (In years lost birthday)						
	Months Doys Hours Min.  No. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
	3. FATHER'S NAME  Maryland 14. MOTHER'S MAIDEN NAME						
	5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown  (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   4940 Eastern Avenue						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A)IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A)IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (B) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (B) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (B) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (B) IMMEDIATE CAUSE PASSIBLE FEBRUARY ALL SETWEEN ONSET AND DEATH  (CAUSE OF DEATH  (CAU						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, giving inso to the above cause (A) stating the UNDERLYING CONDITION tast. (C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID 41B Rollimore City, give every location)						
	OR CONTRIBUTING CAUSE OF home, foctory, sheet office bldg. INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) While At Not While At Work						
22. I certify that (1) (this hospital) attended the deceased fram 7/19/1969 that (1) (we) last saw the deceased alive on 7/19/1969 and that in (my) (aur) apinian death accurred on the dat							
	and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  Attending Med. Staff						
	23C. PHYSICIAN'S NAME (Type) D. Ragmuramiam   23D. ADDRESS   4940 Eastern Ave.						
	A. BURIAL CREMATION, REMOVAL (Specify)  CREMATED  248. DATE  24C. NAME of CEMETERY of CREMATORY  BALTIMORE CITY HOSPITALS  24D. LOCATION (City, town, or county) (Stote)  4940 EASTERN AVE., BALTO. MD. 21224						
	SA, DATE REC'D BY HEALTH DEPT.  258. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  150-REV. 1/1/68						

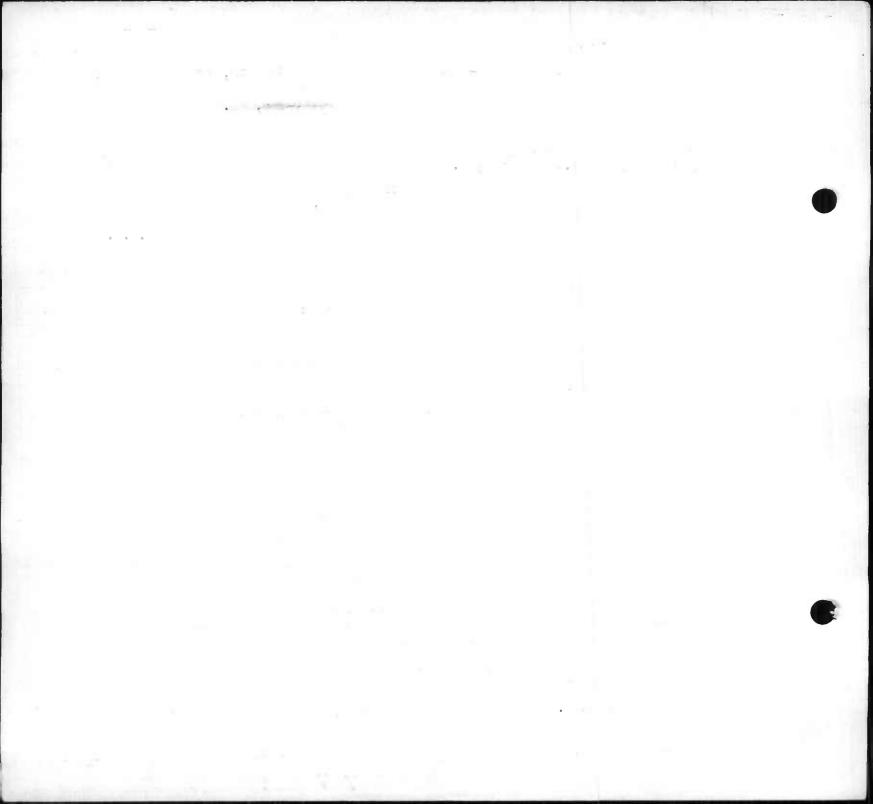


This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	R-2	62 ,69	772	BALTIMORE CIT	Y HEALTH DEPAIL		REG. NO.	54-59-2	3	
1.1	NAME OF DEC	9-12066 EASED		OEKTITO/	TIE OF DI		ND HOUR OF DEAT	)	9	1721
(Ty	pe or Print)	Baby Boy	Roger	s -Doras			y 12, 1969	in i	8:35	5 · p
3.	PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESID	B. COU	ere deceased lived. I	institution: res	idence b	efore odmission!
H¢	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOCA	AL OR INST	TTUTION, GIVE STREET	MARYL.			NSIDE CITY LIM	15	06
	1 2 2 1 1				BALTIM			YES 🔼	N	0 🗌
P /	4940 Ea	ore City Hosp stern Ave., Ba	i <b>tals</b> ltimor	re,Md. 21224	e. STREET AND 2021 N		DUKELAND ST	REET	2121	.6
5.	SEX	6. RACE	7- MARRIEI	NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under Months D	1 Yr. I	f Under 24 His.
	Male	Negro	WIDOWE		July 4,	1969			8	
don	ie during most of t	JPATION (Give kind of work working life, even if refired)	108, KIND (	OF BUSINESS OR INDUSTR	MARYLA		eign cauntry)	U.S.A		HAT COUNTRY
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAME					
							DORIS J	OHNSON		
15. !Ye	Wos Deceased s, no or unknown!	Ever in U. S. Armed Ford	es? of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			-	ADDRESS	
					RECORDS	:BCH	4940 EASTE	RN AVENU	JE	21224
NO	IThis does n hearl failure, injury ar cam A DISEASES O rise la lhe UNDERLYING	E OR CONDITION DIR LEADING TO DEATH al mean the made of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a abave cause (A) is CONDITION last.	dying, e.g the disease death.) any, givin stating th	g (c).	USE METAK ACONSEQUENCE Premai	OF: TURI	ALIRESIS TY AL HERO DATURITY			MATE INTERVAL INSET AND DEATH
CATION	TO THE DEATH	H BUT NOT RELATED TO THE	E TERMINAL	*****************	244				**********	
CERTIFIC	21	WAS PERF	ORMED	WHICH OPERATION	YES	(7 (Yes or N	IN CERTIFYING	CAUSES OF DE	ONSIDE	RED
EDICAL C	OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF medical examined	ha	B. PLACE OF INJURY (e.g., ime, farm, factory, street, c c.)	in or obout 21 C. Wi ffice bldg., INJURY	SERE DID	(Il In Boltin	nare City, give	exoct laca	ition)
MEDI	21 D. TIME OF INJURY (APPROXI	(Month!  Doy! (Year)	w	E. INJURY OCCURRED  /hile At	le 🗀	W DID IN	JURY OCCUR?			
	22. I certify	that (Mithis hospital)		the deceased from			1969 to J	246 12		10.6.6
				/	10	and th				19 <i>G</i> 5
	and hour and from the causes stated above. (1) (WG) (did) (did not) view the body after death.								to ou the date	
	23A. SIGNATU		0			101 0001111		23B. DATE	SIGNED	
	23C. PHYSICIAI NAME (Ty	had m	Pan	Ch-MERREE Phy	00.0	ector L	Staff Phys. CITY HO	SPITALS	914	1,1969
		Richard M.	[haller	DEGREE	4940 EAST	ERN A	VENUE, BALTI	MORE, MAI	RYLAN	D 21224
24A	REMOTATOS	pecifyl		AME of CEMETERY OF CR	EMATORY	24D. L	OCATION (	City, town, or o		[Stote]
25A	7-14-69 JUL 3 1		258. NAME	OF REGISTRAR	DSPTTALS 25C. FUNERAL	PINESTA OSPI	O EASTERN DISP	OSAL	ADDRE	MD. 2122

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

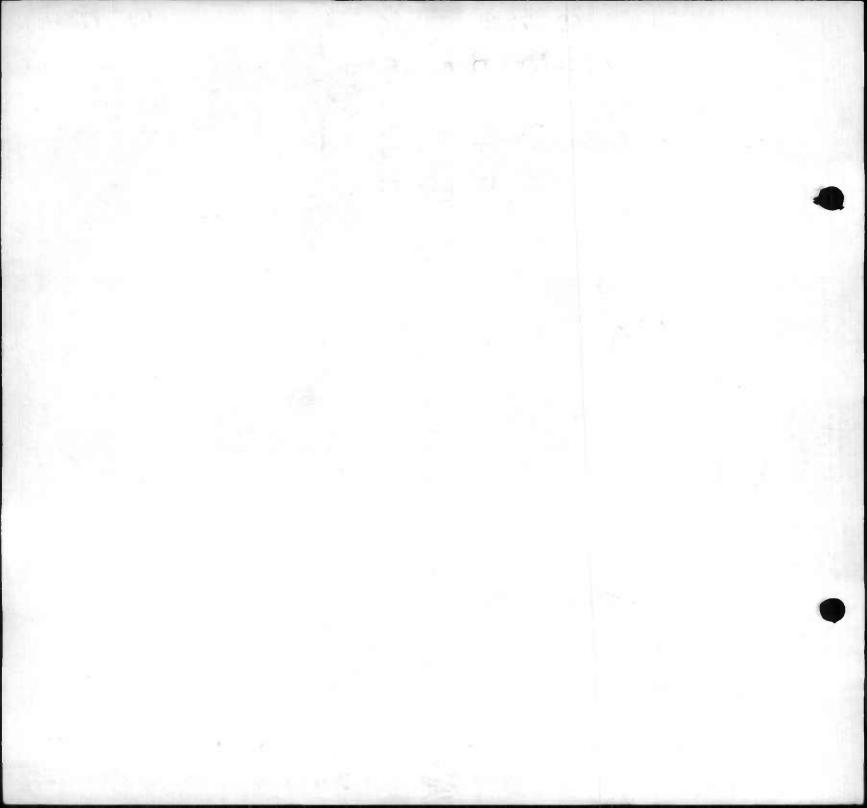
3 CSK	1-500 69 7722 BALTIMORE CIT	Y HEALTH DEPARTMENT
ED 0E	1-500 69 7722 CERTIFICA	ATE OF DEATH REG. NO.
ase th th Suc	1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH
death ocease on the	Baby Girl, Penn -Wiada	7/13/15 HT 1 4 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where receased lives. If institution: residence before admission)
(5) anc dec	FULL NAME OF AF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 2506
	HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng cause; attend ior to	Baltimore City Hospitals	Baltimore YES X NO
r att	4940 Eastern Ave. Baltimore, Md. 21224	E. STREET AND NUMBER
de de		3452 Chessell Ct. Baltimore, Md. 21226
ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED NO DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years last birthday)  11 Under 1 Yr. II Under 24 Hrs. Manths Doys Hours Manths
on re- re- sis	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	1/3-/6/
o u u	done during most of working life, even il retired)	
0 E y " .=	13. FATHER'S NAME	Maryland U.S.A.
wa the ispos	I STAINER S NAME	14. MOTHER'S MAIDEN NAME
E E E		Viada Penn
ind eat e o	15. Was Deceased Ever in U. S. Armed Farces?  Yes, na ar unknown    If yes, give war ar dates at service    SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS
fin d ki		BCH: Records Baltimore, Md. 21224
any ced nda or	18. 7 7 7 VI CAUSE OF DEAT	H APPROXIMATE INTERVAL
0-0-	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als nou att	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CA!  DUE TO OR AS	ISE Promodurity are devi
troi ar	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
E 8 2 E	ANTECEDENT CAUSES	
A fr	(8)	A CONSEQUENCE OF:
X = P	rise to the above cause (A) stating the	A CONSEQUENCE OF:
O = 41	UNDERLYING CONDITION last. (C)	100700000000000000000000000000000000000
edical burns; hysicia n was remain	Z OTHER SIGNIFICANT CONFIGURE CONTRIBUTIONS	,
bo bu hy in re	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	children born prangue
dy dy icia	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes) or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Bo the	WAS PERFORMED	YES IN CERTIFUNG CAUSES OF DEATH?
4 5 0 5	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID /// In Baltimare City also exact (cation)
hospital lature; ( ppt whe (6) No ined be	DEATH (natify medical examine)	
pt w (6)	OF INJURY (Manth) (Day) (Year) (Havr) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosing teept (6)	Al Work   Work   Al Work	
5 × E to	22. I certify that (I) (this hospital) attended the deceosed from	3 21 2 10/3 10 4 50 2/19 10 65
to t of ar	tho (1) (we) lost saw the deceased alive of 1 3 54 7	and that In(my) (aur) opinion death accurred on the date
00-	and haur and from the causes stated above. (1) (We) (did) (did nat) v	/ 200
2 9 5 9	23A. SIGNATURE	238, DATE SIGNED
2 2 2	Dhu	anding Med. Stoff Phys.
	23 C. PHYSICIAN'S	23 D. ADDRESS
An a An a prior	NAME (Type)	6024 BF Walt Ballings
- A T G	24A. BURIAL CREMATION, 248. DATE 24C. NAME at CEMETERY at CR	
2000	CREMATED 7-14-69 BALTIMORE CITY HO	
the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
the show was dece	JUL 31 1969 Vales E Naiber Maley M. D. O.	O 7 HOSPITAL DISPOSAT.

VS 150-REV. 1/1/68

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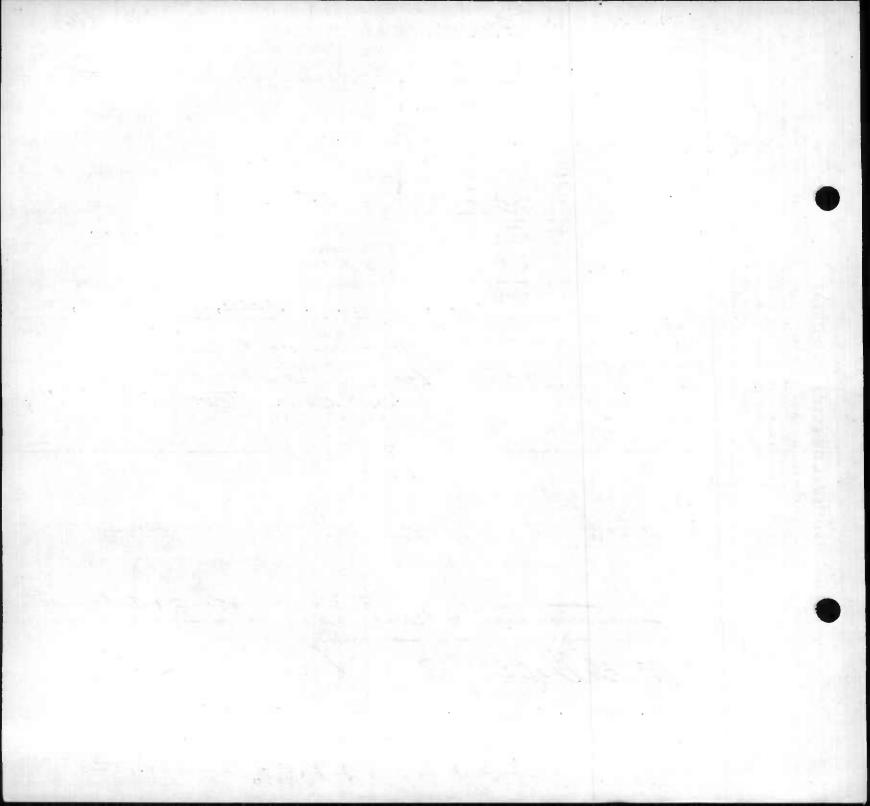
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

		HEALTH DEPARTMENT	ים ישורים מי
	BERTH NO.  M.E. CASE NO.  69 7723 CERTIFICAT	E OF DEATH Registered No.	59 7723
	(Type or Print) Wostfand Botthan	2. DATE AND HOUR OF DEATH	12.20 P.M.
		4. USUAL RESIDENCE (Where deceased lived. If instituti	on: residence before odmission)
	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA	ond give fownship)
3	Garanklin Square Hospital	D. STREET ADDRESS: All rught give locations	1602
		MOIN. Calhour ST.	
	Male Color WIDOWED, DIVORCED (specify)	8/4/80 84 1	Under 1 Yr. If Under 24 Hrs. Min. Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)	1. BIATH PLACE (State or foreign country)  12.	CITIZEN OF WHAT COUNTRY?
		4. MOTHER'S MAIDEN NAME	
	UNRYOW / 15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17.	7. INFORMANT	ADDRESS
	(Yes, no or unknown) (III yes, give war ar doles of service)  SECURITY NO.  217.01-77844	Juan C. Bragaguolo,	4.D.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PEATH Failure Chronice	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	1 + +	***************************************
	ANTECEDENT CAUSES (B) UN (DUE TO	olecyslectomy	**************************************
110	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	V	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FIND	NGS CONSIDERED
	3 7/21/69 WASHERFORMED Thiosis	YES IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., in chame, larm, loctory, street, office etc.)	ce bldg., INJURY OCCUR?	, give exact lacotion!
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Not While	21F, HOW DID INJURY OCCUR?	
	22. 1 certify that (1) (this hospital) attended the deceased from	75/69 19 10 7/2	9/69 19
	that (1) (we) lost sow the deceased alive on July a 9	19.69 and that in (my) (our) opinion	
	ond hour and from the couses stated above. (1) (Ve) (Aid) (4id not) vie		DATE SIGNED
	J.C. Broopholo M.D. Attender Phys.		7/29/69
	23C. PHYSICIAN'S NAME (Type)  LUAN C. Brownolo M.D.  23	4044 Warner Ave #C-	+ Hyattsville
	24A. BURIAL CREMATION, 24B. DATE, 240 NAME of CEMETERY OF CREM	MATORY 24D. LOCATION (City) to	(Stotel
	BURIAL 8/1/69 M CULLUS 25A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUL 3.1 1969 P. R. & E. Jaben 14.2 4 0	Charles A. Bee 661 W	Bange ST.



## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 7724 CERTIFICATE OF DEATH REG. NO. Such death Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED 11:07 (Type or Print) Nellie M. Conway NO hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE attendance cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS 0 0 YES X NO Baltimore 4511 Old Frederick Road prior E. STREET AND NUMBER contributing 4511 Old Frederick Road etermined gular T 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE MARRIED NEVER MARRIED BE deceased Hours lost birthday Female White 9/10/1892 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S.A. Und Retired Maryland 10 SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 3 (4) Ellen Keating Thomas Conway LO death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 16. SOCIAL 6 SECURITY NO. attendance Mrs. Wm. F. Bender, 220 Ridgeway Road, 21228 220-36-6485A fin CAUSE OF DEATH any pronounced 10 SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenio, etc. It meons the diseose, regular injury ar complication which coused deoth,) ANTECEDENT CAUSES who 0 are DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving (3) the above cause (A) stating the rise lo physician UNDERLYING CONDITION lost. the remains MOS burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JONE TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? VONE (2) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL ° DEATH (notify medical examiner) nature; 0 21D. TIME (Hour) (Month) (Day) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY obtaine approved (except While At Not While (APPROX.) pup Work At Work to the any 22. I certify that (I) (this hospital) attended the deceased fram . that (1) (we) last saw the deceased alive an. and that in (my) (evr) apinion death accurred on the date pe hospital death) and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. was released must 23B, DATE SIGNED certificate must Attending 7 Staff 0 approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS t D An 6630 Baltimore National Pike Dr. Wilmer K. Callager, Jr. 4 DEGREE 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ceased the body 0.0 REMOVAL (Specify) Baltimore, Maryland Burial New Cathedral Cemetery SD ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Edmondson Ave., 21228 T50-REV. 1/1/68



death IMPORTANT assistant medical examiner DIRECTOR: FUNERAL the chief Deceased

(2)

cause;

(4) Undetermined

no

attendance

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Body

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Or

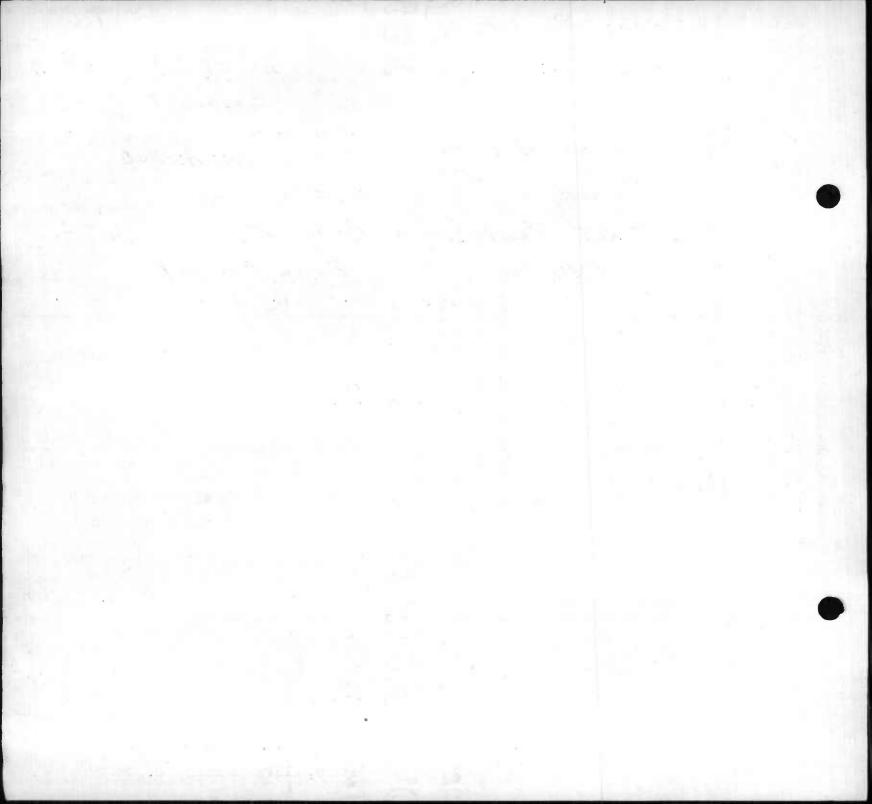
direct

Such

death.

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) AMES 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission 3. PLACE IN BALTIMORE, MANYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNT ALTERMORE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN INSIDE CITY LIMITS BALLAMERS NO F YES prior le. erours E. STREET AND NUMBER LIFTON D AGE (In years If Under 1 Yr. 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED WEVER MARRIED If Under 24 Hrs. BE Hours ost birthdov WIDOWED DIVORCED IOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) CREDIT : Alto Charles T 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 10 Clifton Ave. 214-14-2085 1B. CAUSE OF DEATH APPROXIMATE INTERVAL OL BETWEEN ONSET AND DEATH gular atten embalmed DISEASE OR CONDITION DIRECTLY conse LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injuly of complication which coused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving AS A CONSEQUENCE rise to the obove couse (A) sloting lhe UNDERLYING CONDITION lost. the remains П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) CERTIFIC, 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) obtained 21F. HOW DID INJURY OCCUR? 21 D. TIME (Hour) (Month) (Doy) (Year) 21E, INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the secessed from that (1) (we) lost sow the deceased alive on and that in (my) (by) opinion death occurred on the date pe and hour and from the causes stated above. (W(We) (did not) view the body after death, must 23B. DATE SIGNED Attending Med. Staff Director approval HYSICIAN'S 23D. ADDRESS deceased written ap 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Baltimore, Maryland Lorraine Park Cemetery 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AlOlr Edmondson A e.. ILZKO. VS 150-REV, 1/1/6B



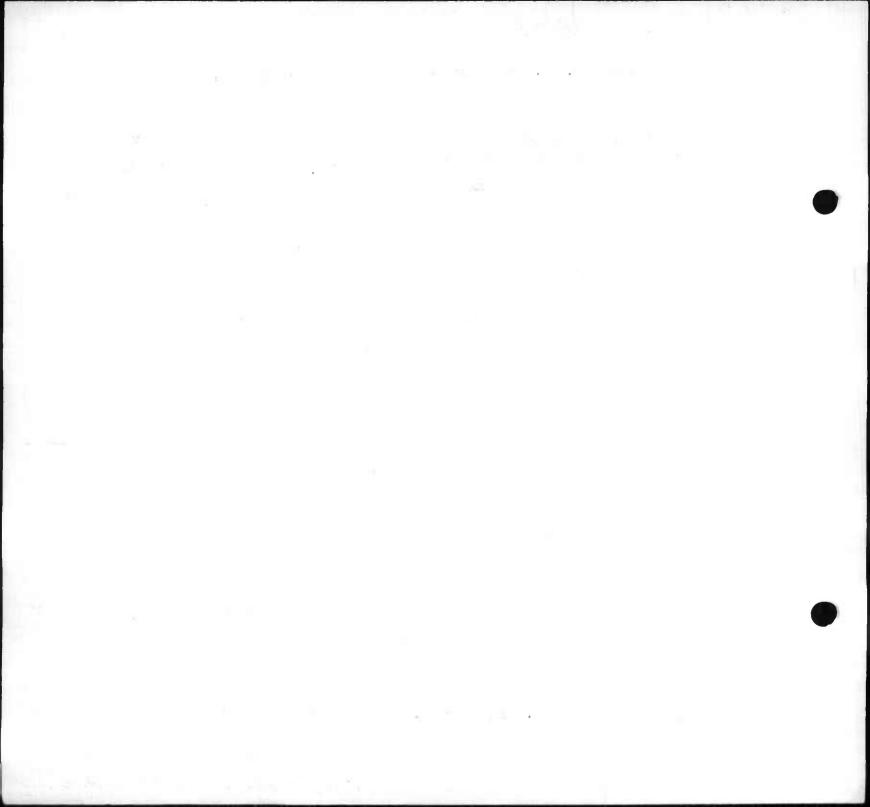
2) 1	BALTIMORE CITY	HEALTH DEPARTMENT	69 7726
DIKITI 140.	726 CERTIFICA		7,700
1, NAME OF DECEASED (Type of Print)	1 1 1 1 1	2. DATE AND HOUR OF DEATH	
wm. frederick br		7/28/69	10 pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE  B. COUNTY  Md	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET		SIDE CITY LIMITS?
$\sim$		Baltimore	YES NO NO
60 S. Franklintown Ro	ad	E. STREET AND NUMBER	
		B. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr., If Under 24 Hrs.
Male White Widov	IED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2/28/87  9. AGE (In years last birthdoy) 82	II Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINE dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Plant Security-Arm	our & Co.	Baltimore, Md.	U.S.A.
13. FATHER'S NAME	iour a oo.	14. MOTHER'S MAIDEN NAME	
Henry Brettschneider		Louise	
IS, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war ar dates of servi	1 6. SOCIAL	17. INFORMANT	ADDRESS
unknown	217-07-3155	Mrs. Vera Brettschneider,	60 S. Franklintown
18. / / / / /	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		2	
LEADING TO DEATH	(A)IMMEDIATE CAL	USE (RINCEY of the bros)	ate year
(This daes not meon the made at dying, heart loiture, osthenia, etc. It means the dise	DUE TO, OR AS	USE Cancer of The prost	
injury ar camplication which caused deeth.)	036,		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, il ony, giv	(B)	A CONSEQUENCE OF:	
rise Ia the abave cause (A) stoling UNDERLYING CONDITION lost.	the		
ONDERENING CONDITION 1031.	(C)	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG (1)	1 1 1 01	31.000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	LATONIC G	ongestive heart Pailure.	Jyars.
19A. DATE OF OPERATION 19B. CONDITION F.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED		IN CERTIFING C	AUSES OF DEATH:
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	in ar about 21 C. WHERE DID (If In Boltime ffice bldg., INJURY OCCUR?	ore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Wark Not While At Wark		
22. I certify that (I) (this be pival) aftended			JULY 28, 1969.
that (I) (wa) last saw the deceased alive	on JULY	26 19 69 and that in (my) (20) ap	olnian death accurred an the date
and haur and from the causes stoted abave	. (I) (Ha) (did) (did)	view the bady after deoth.	
23A. SIGNATURE			238, DATE SIGNED
Kelkert & Kirdy	DAD M. LA Phy	ending Med. Staff rs. Director Phys.	7/29/69
3C. THYSICIAN'S	OF THE STREET	23D. ADDRESS	
NAME (Type) O-ILBERT T. K	UDMON	2517 W. Baltimore Street	
Dr. Rudman 24A. BURIAL CREMATION,  24B. DATE  246	DEGREE C. NAME of CEMETERY OF CR		City, town, ar county) (State)
REMOVAL (Specify)			
	Western	Baltimore, M	
JUL 3 1 1969 Paber E Par	AE OF REGISTRAR	2sc. funeral director Wirzke, 4101 Admondson A	ADDRESS Ave., 21229
VS 150_PEV 1/1/6B			

There of the prostate of freedy Come complex hast thelace Byland g se Long to 160 25 Lang Hellest E. Revleson M. H. 759/67

## FUNERAL DIRECTOR: IMPORTANT

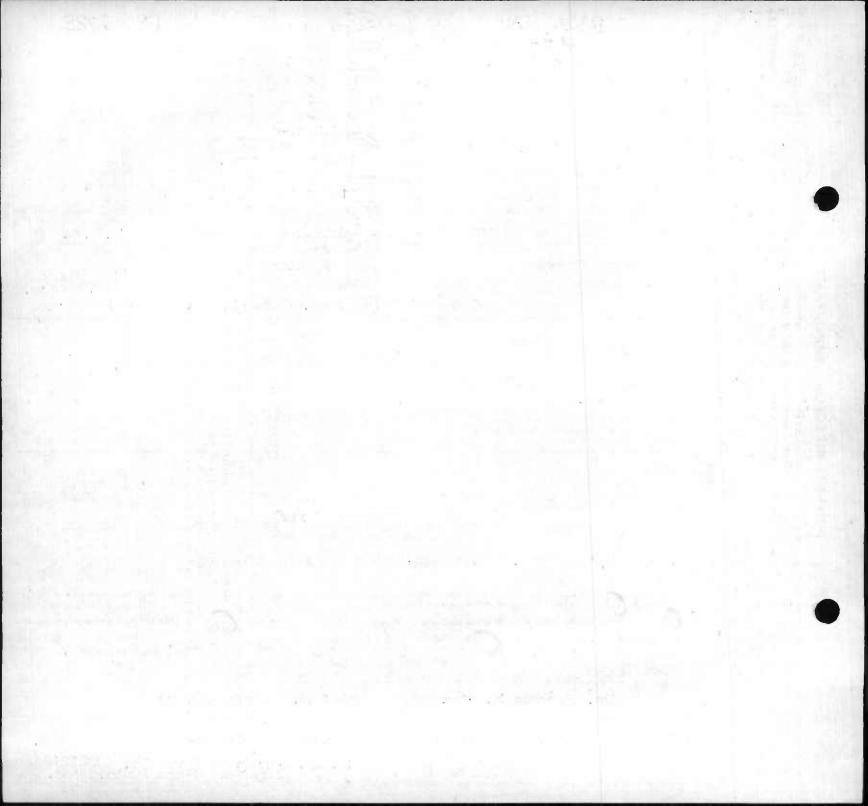
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 21			to the second	C) to	BALTIMORE CIT	Y HEAL	TH DEPAR	TMENT			00	p-m <sub>d</sub>	
BI	N - S (	6	69	77	21	CERTIFICA	TE	OF DE	ATH	REG.	NO	59	1727	7
	NAME OF E								2. DATE AN	ID HOUR OF	DEATH			
			erer. Sr						July	30th, 1	.969		9:25	AM.
3.	PLACE IN !	ALTIMORE, A	MARYLAND, W	HERE PRO	NOUNC	ED DEAD	A, ST	UAL RESID	B. COUN	re deceased liv	ed. If ins	stitution: r	esidence belore	odmissian)
FL	JLL NAME (		OT IN HOSPIT	AL OR IN	οπυτπε	N, GIVE STREET		laryla				2	006	7
IIN	STITUTION						11	YORTOW			D. INSI	DE CITY L	IMITS?	
	160	Saint	Agnes Ho	spita	1]			Itimor				YES X	NO 🗌	
11/	70	Caton	& Wilker	is Ave	es.21	229	11			wick Str	anot.	21 222		
5.	SEX	6. RACE		7- MARR	ED Tabe	NEVER MARRIED		E OF BIRTI		9. AGE (In ye				er 24 Hrs.
	male	Wh	ite	WIDOW		DIVORCED		6/12/9	- 1	lost birthday)		Months	Doys Hours	Min.
10/	A. USUAL O	CUPATION	ive kind of wark	10B. KIND	OF BUS	SINESS OR INDUSTRY	11. BIF	and the second	State ar tarei	gn cauntry)		12. CIT	ZEN OF WHAT	COUNTRY?
1	Rezing moss	af working lite,	even if relired)					M	-1				USH.	
13.	FATHER'S N			l			14. M	OTHER'S N	AIDEN NAA	ME			43.77-	
	Chn	1 Pa	itter	e 0			F	1 /-		P	V			
15.	Was Deceos		S. Armed Foreve war ar date:		16.	SOCIAL	17. INF	OWMANT	Ath	Fell	-/\		ADDRESS	
(Ye	No of unkno	wn) (If yes, gi	ve war at date:	s at servic		SECURITY NO.	F.	/ %:4	0 )	1.		301	2 Vermo	wt Au
$\parallel$	118.		1		el	17-32-9619 CAUSE OF DEAT	PROZ	IRICK L	UKeit	teren di	^.		100000000000000000000000000000000000000	
	11	ASE OR CO	I NDITION DIR	ECTLY		CAUSE OF DEAT	• •	121	,	1 10	/ .	1	APPROXIMATE ! BETWEEN ONSET A	
1	<b>'</b>	LEADING	TO DEATH			(A) IMMEDIATE CAL	ISE	Miss	ende	al De	1010		3 12	7
	(This does	e, asthenio,	the mode of etc. It means	dying, e	.g.,	DUE TO, OR AS		EQUENCE	OF:	17/			-	
	injury at c	omplication v	which caused	deoth.)										
			NT CAUSES			(8)								
	DISEASES	OR COND	ITIONS, if couse (A)	any, giv		DUE TO, OR AS	A CON	SEQUENCE	OF:				*********	
	UNDERLYI	NG CONDIT	ION last.	sioning	1116	(c)								
			11											
101	TO THE DE	ATH BUT NOT	NOTIONS CON	IE TERMIN	IG AL									
ICA	19A. DATE	CONDITION OF OPERATIO	GIVEN IN PART	I (A).	R WHIC	H OPERATION	20A	ALITOPSY:	(Yes ar Na)	20R IF YES	WEDE EI	NDINOS	CONGIDERED	**********
ERTIFICATION	0		WAS PERF	ORMED				9v	)	IN CERTIFY	NO CAU	SES OF I	CONSIDERED DEATH?	
0	21 A. ACCIE	ENT WAS U	NDERLYINO AUSE OF		21B. PLA	CE OF INJURY (e.g., i	n or obo	ut 21 C. WH	ERE DID	(II In	Boltimare	City, give	e exoct lacation)	
SE	DEATH (ngi	ify medicol ex	amined		etc.)	into, ideloty, siees, di	mea may	MINJOKI V	OCCU KI					
MEDI	21 D. TIME OF INJURY	(Manth)	(Day) (Yeoi)	(Hour)	IL INJ	URY OCCURRED		21 F. HO	N DID INJU	URY O CCUR?				
≥	(APPROX.)				While At	Not While								
	22. 1 certi	fy that (1) (t	his hospital)	ottende	d the de	eceased from	Dul	4	7	966 10_	In	EW 3	0 10	69
			the decease			7.29-69	1	9				11	h occurred on	the data
	and hour a	nd from the	causes state	ed above	. (I) (W	e) (did) <del>(did not</del> ) v	lew the	body aft		, , , , , , , ,				ine dola
and hour and from the causes stated above. (I) (We) (did) (did-not) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys. Staff Phys. Staff Director Phys. July 30, 69							E SIGNED							
							9							
	23C. PHYSIC	IAN'S (Type)		TLE	-	DEGREE	23D. AD				00	1)	11	<del>/</del> /
			Morris	B. Sc	chrei	ber MD.	13	191	V. C.	Dr. han	16	In	Symone	- Rell
24	BURIAL C	REMATION,	4B, DATE	24C	NAME	of CEMETERY OF CRE	MATOR	Y	24D. LO	CATION	(City,	sawn, or	r county)	(Stote)
	Buri	2/	3/1/69	1	ouda	N Park	CN		1	Balda			Md	
25A	DATE REC	D BY HEALT	H DEPT.	25B. NAM		GISTRAR		FUNERAL	1111 - 1	17:20			ADDRESS	
	JUL 3	1959	16Ber &	Jak	en A.	000	G	coffee	1.521	hwab	210	OFRE	d. Ave	
VS	150-REV. 1/	1/68												



VS 150-REV. 1/1/6B

		BALTIM	ORE CITY H	HEALTH DEPARTMENT		20	127		
1	BIRTH NO.	CERT	<b>IFICAT</b>	E OF DEATH	REG. NO	59	7728		
	1. NAME OF DECEASED	-7728 line F. Bossyn		2. DATE	AND HOUR OF DEATH	1	4 0 M		
	3. PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If UNITY	institution: I	esidence before odmission		
	FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCALINSTITUTION	TAL OR INSTITUTION, GIVE ST ATION)		C. CITY OR TOWN Baltimore	D. IN	SIDE CITY L	MITS?		
	90 Long Green	Nursing Home		E. STREET AND NUMBER Homewood		162	NO [		
	S. SEX   6. RACE	7- MARRIED NEVER MAR	RIED B	11-2-1879	9. AGE (In years lost birthday)	If Unde Months	Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired) None	None	INDUSTRY 1	Baltimore,			ZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME	1	14	4. MOTHER'S MAIDEN N					
	Joseph Bossy	/ns		Pauline					
	15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war ar date			7. INFORMANT			ADDRESS Apts.		
	NO NO OF UNKNOWN (III yes, give wor or dore	es of service) SECURITY I		Mrs. Cat	herine A. E	Barre	Homewood		
	18. / / / / /	CAUSE	OF DEATH				APPROXIMATE INTERVAL		
	DISEASE OF CONDITION DI	RECTLY				P   1	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (A)IMMEDIATE CAUSE MY OCAR DIAL INFARCTION NONE								
	This does not meen the mode of dying, e.g., healf foilure, asthenia, etc. It means the disease,								
	injury or complication which coused								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
	UNDERLYING CONDITION Iosl.	(c)							
	z II								
	OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL							
		IDITION FOR WHICH OPERAT	ION	20A. AUTOPSY2 (Yes or					
	19A. DATE OF OPERATION 19B. CON	FORMED		he	IN CERTIFYING C	AUSES OF	DEATH?		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJ home, form, foctory, etc.)	URY (e.g., in , street, offic	or obout 21 C. WHERE DID e bldg., INJURY OCCUR	(If In Boltime	ore City, giv	e exect location)		
	Q 21 D. TIME (Month) (Dov) (Year)	(Hour) 21E. INJURY OCCU	JRRED	21F. HOW DID	NJURY OCCUR?				
	OF INJURY	While At Work	Not While At Work						
	22. I certify that (1) (this hospita			/3	19 6 / to 7	-28	1969		
	that (1) (we) lost saw the decease	( )-		19 6 9 ond		olnion dea	th occurred on the date		
	ond haur and from the causes sto	/ / ~ /	lid not) vie						
	23A. SIGNATURE	10		/ /// ///	116	23 B, DA	E SIGNED		
	tron X	Someofr.	Attend	Med.	Staff Phys.	7	130/69		
	23C. PHYSICIAN'S NAME (Type) Do Final	Comment of	EGREE	D. ADDRESS	rnys. —	-			
	NAME (Jype) Dr. Fran	ncis X. Carmo	dy	3201 N. CI	narles Stree	et			
	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETI	ERY OF CREM	AATORY 24D	LOCATION (	City, town,	or county) (Stote)		
	Burial 7-31-	1969 Loudon F	ark C	Cemetery	Baltimore,		Md.		
	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		-	okins & Son	e Co	ADDRES 212		
	JAF 3 T 1303	0 65.00	00	7 7 490	York Roa	s Co.			



Appress 05 York

Co

49

BID	TH NO.	69	7729	)	CERTIFICA	TE OF DE	ATH	REG. NO.			
1.	NAME OF DECEA	SED				10	DATE AN	D HOUS OF BE	711		
	po or Print)		LE E	DWIN	T. JR.	2	- Val	D HOUR OF DEA	1969	1 //-	20 D
3,	PLACE IN BALTIM	ORE MAR	LAND, WHE	RE PRONOUN	ICED DEAD	4. USUAL RESIDE	NOE (When	deceased lived.	If institution	: residence b	efore odmission)
HC	LL NAME OF	(IF NOT I	N HOSPITAL	OR INSTITUT	ION, GIVE STREET	Md	1	ALTO		12	01
IN:	STITUTION		4		2)	C. CITY OR TOWN	y .	D.	INSIDE CITY	man/	
7	Mario	in 9	Mem.	mins	2 2 les 6.	E. STREET AND IN	NUMBER	12105	YES	<u>8</u> N	<u>о Ц</u>
		,	erra.		3,4	121.	Rid	emm	100-1	ld	
5, 5	SEX 6.	RACE	7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yours lost birthdoy)	If Un Month	der I Yr. I	f Under 24 Hrs.
	M	$\mathcal{U}$		WID OWED _	DIVORCED [	9-28	-98	7	0		1711112
	. USUAL OCCUPA e during most of work			B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (S	toto or lorei	gn country)	12. C		HAT COUNTRY?
	Clerk		00	me	Steel		MD	,		US.	H.
13.	FATHER'S NAME	~				14. MOTHER'S MA	AIDEN NAA	AE .			
	dwin	) J.	Cole	- colr	7 a	Moll	ee !	Tille	nen	$\supset$	
15. (Ye:	Was Deceased Eve (40 or unknown) (II	er in U.S., yes, give w	Armed Forces vor or dotos o	? f service)	6. SOCIAL SECURITY NO.	17. INFORMANT	0	1 2 6	na n	ADDRES	10
1	no				21205680	7 A. Mu	コース	felow 7	M. Ca	le 1	( Hame,
	18. 5/9,	21			CAUSE OF DEAT	Н				APPROXI	MATE INTERVAL
		OR CONDI	TION DIREC	TLY		0 1	1	• /	1 .	DET WEEK O	MAET AND DEATH
	iThis does not	meon the	mode of dy	ing, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE D		nay oasuf	fruese		
	heart foilure, ast injury or complic	henio, elc.	if meons the	e disease,	000 10, OR AS	A CONSEQUENCE IO	r:	0 6	0		
ļ	ANT	TECEDENT	CAUSES		(B)					1	
	DISEASES OR				DUE TO, OR AS	A CONSEQUENCE	OF:	**********	•••••••		2 010
	rise to the C UNDERLYING C	ONDITION	lost.	oling the	(c)	il dirilirin (re) 1000-1000 m singin (rese transference				16	ells.
7		- 11									
ATION	OTHER SIGNIFICA TO THE DEATH B DISEASE OR CONI	UT NOT REL	ATED TO THE T	TERMINAL	**************	*******		·			
FIC	19A.DATE OF OP	ERATION	198 CONDITI	ION FOR WH	ICH OPERATION	20A. AUTOPST?	(Yes or No)	20B. IF YES, WE	RE FINDING	S CONSIDE	RED
CERTIFIC	1					Ger	1	IN CERIFING	CAUSES OF	DEATH	
CALC	21 A. ACCIDENT YOR CONTRIBUTINDEATH inotify me	WAS UNDE	RLTING [] E O F ner)	21 B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21%. WHE	RE DID	(II In Bolti	more City, g	Ive exoct loca	otion)
EDI	21D. TIME (M	lonthl (Doy	(Year) (F	Hour 21E, IN	IJURT OCCURRED	21 F. HOW	LINI DID V	IRT OCCUR?			
2	IAPPROX.I			While Work	At Not While	· 🗆					
	22. I certify tho	t (I) (this	hospitol) a	ttended the		Lules 29	1	9 69 10	.0. 24	2 150	1060
	that (I) (we) los				1 0 0	19 69		// 0	apinion de	ath accurr	ed on the date
					We) (did) (did not) v						
	23A. SIGNATURE	//	^ ^	10					23 B. D/	TE SIGNED	-
		1.6	alreia	1.	17.D. Atte	nding Med.	tor 🔲	Stoff Phys.	hul	, 21,	1961.
	23C. PHTSICIAN'S NAME (Type)				DEGREE	3D. ADDRESS		***	1	/	
		CAL	BRERA	JUAN	h.D.	UNION	MEI	MORIAL	14051	PITAL	
24A	REMOVAL (Spec	TION, 248.	DATE	24C. NAM	E of CEMETERT of CRE	MATORT	24D. LO	CATION	(City, town,	or countyl	(Stotel
	Burial		7/1960	HOT	T Redeemen		Poli	h-f man a			26.2

25C. FUNERAL DIRECTOR H.W. Jenkins

80

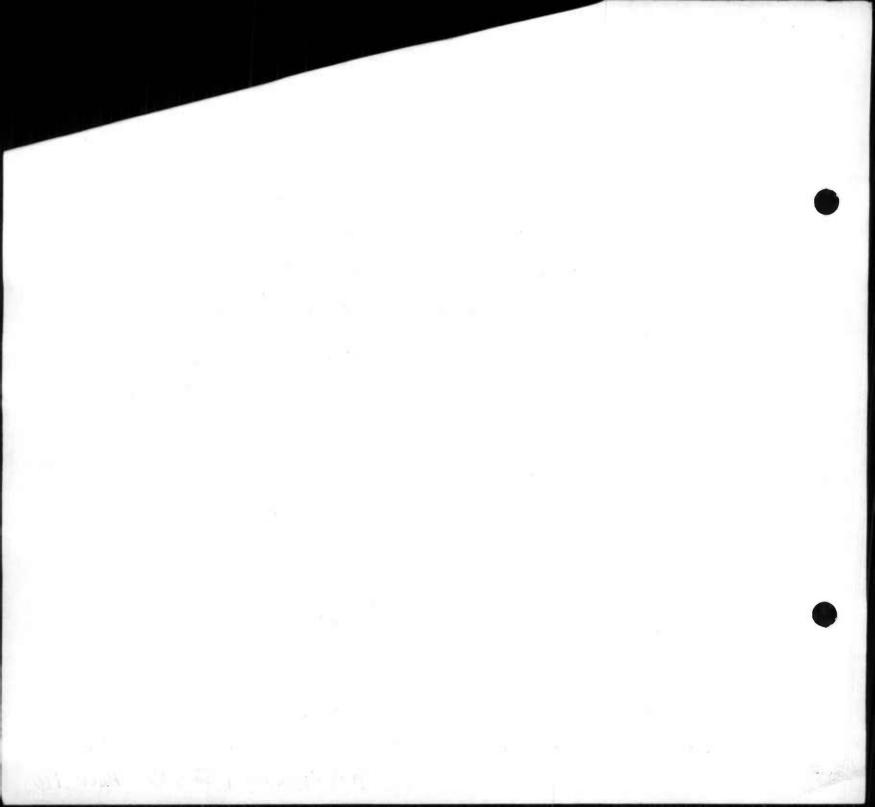
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VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

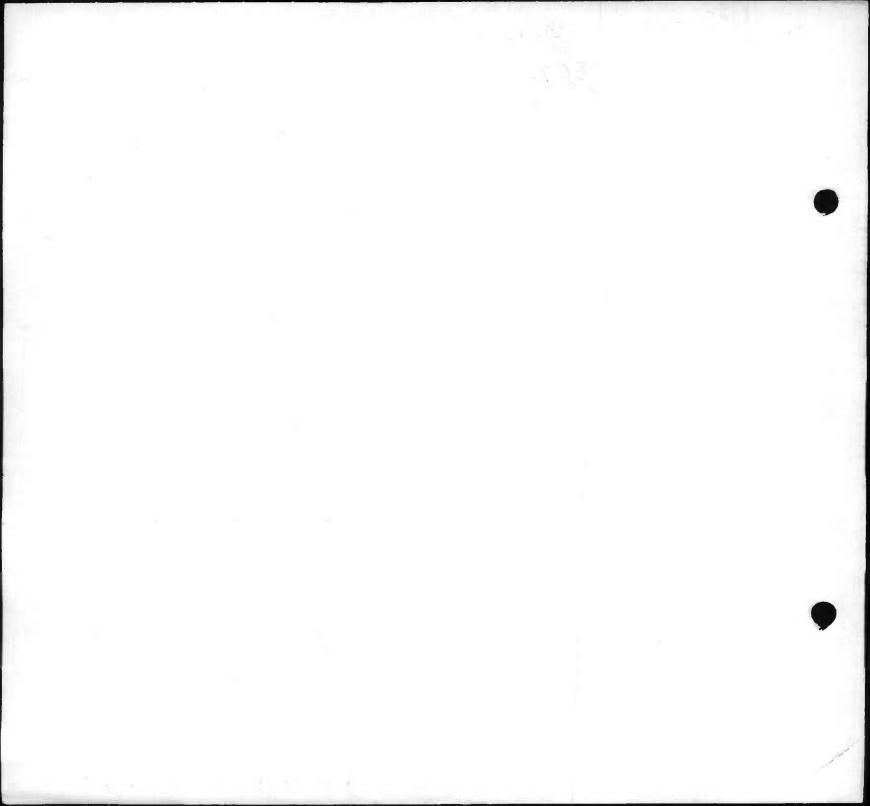
0.00	69 77				
1.1	RTH NO. NAME OF DECEASED SIMPSON				
L	PLACE IN BALTIMORE, MARYLAND, WHERE PI	· ·			
FU	JLL NAME OF (IF NOT IN HOSPITAL OR I				
lN	OSPITAL OR ADDRESS OR LOCATION)		C. C.		
4	4 UNION MEMO	nin/ Hospital	E. STREET AND .  Guillord .		
5. :		RIED NEVER MARRIED	B. DATE OF BIRTH	ost bin.	
104	WIDO L USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED DIVORCED	11. BIRTHPLACE (State or forei	87	4TRY
dor	ne during most of working life, even if retired)	chool	N. Can	2	44 KI
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	6
	Shadrach Simpso		Ella Goo	/	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or dates of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	SECURITY NO.	J.H. Somme	-ville Bai	Ho, Md
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	e.g. (A)IMMEDIATE CAUS	GE BONE CA	INCER	
	heart failure, aslhenio, etc. Il means the dis injury or complication which caused death.)	eose, WIT	H LIVER M	ETASTASIS	n.m.
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	CONSEQUENCE OF:		
7	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	· ************************************	**************************************	######################################
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	or obout 21C. WHERE DID	(If In Boltimore City, gi-	ve exoct locotion)
MED	21D. TIME (Month! (Doy) (Year) (Hour! OF INJURY (APPROX.!	21E INJURY OCCURRED  While At	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) (this hospital) attend		7/15/ 19	967 to 7/3	0/ 1067
	that (1) (we) last saw the deceased alive	7/20/	19.67 and tha	t in(my) (aur) opinian dec	th accurred an the date
	and haur and from the causes stated above	ve. (1) (We) (d1d) (d1d nat) vi	ew the bady after death.		
	23A. SIGNAT URE	Aug	J:	1/	TE SIGNED
	22C BUYSICIANE	DEGREE Phys.	Director L. F	hys.	28/69
	23C. PHYSICIAN'S NAME (Type)	IM ma	D. ADDRESS	Eminial His	the contract of the contract o
24/	REMOVAL (Specify)	C. NAME of CEMETERY OF CREA		CATION (City, town,	or countyl (State)
(	REMATION 7-31-69	GREENMOUNT	- BA	1170	MO.
25A	JUL 3 1 1969 THE DEPT. 2258 TA	ME OF ANGUITRAR	25C. FUNERAL DIRECTOR	is & Sons Co.	BACTE, MA
1/6	160-DEV 1/1/60		_ * * * * - * * - * - * - * - * - *		



## FUNERAL DIRECTOR: IMPORTANT

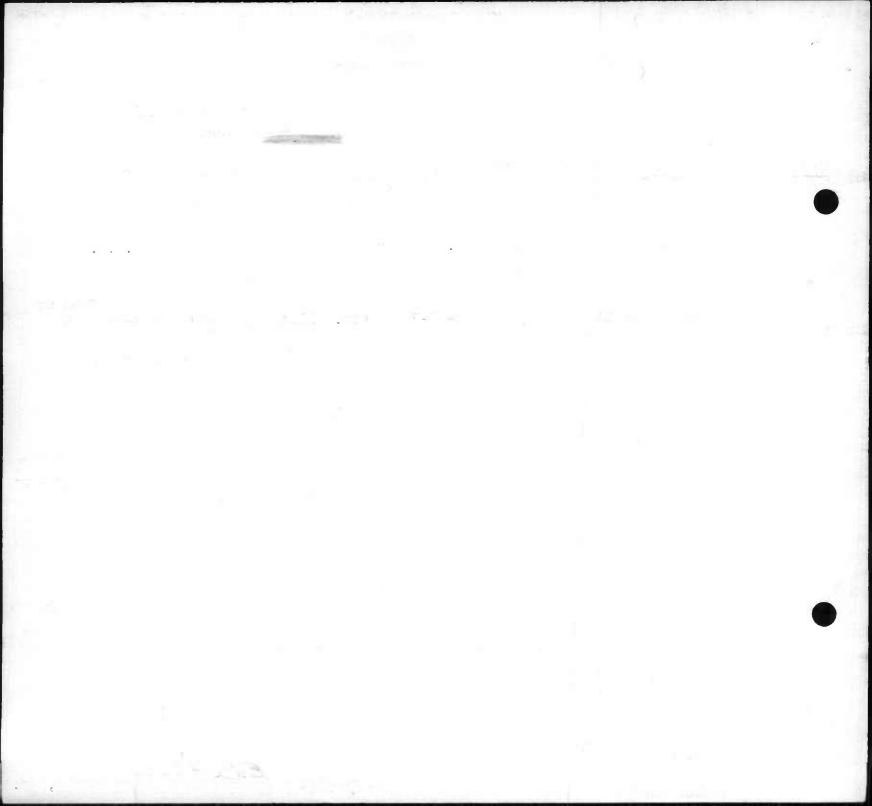
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S-163 CG TOTAL BALTIMORE CIT	Y HEALTH DEPARTMENT
	ATE OF DEATH REG. NO. 69 7731
1. NAME OF OECEASED	2. DATE AND HOUR OF DEATH
DETISEKT. HENRY	1. 7/30/69 107.15AN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decased Wed, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	3033 MAYFIELD ATT. BALTO MO.  C. CITY OR TOWN D. INSIDE CITY LIMITS?
RENIVERSITY. Hosp. Balto.	PSA LTO. YES NO
Hd. 21201	3033 MAYFIELD AVE. 2.633
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
WIDOWED DIVORCED	LAUE 1 T 1 1 O 7 7 1 V
10A. USUAL OCCUPATION (Give kind al work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Supervisor Copper and Metal	Md. Wat
Heury S. Scibert.	A lice Marshall
15. Wes Deceased Ever in V.S. Armed Farces? (Yes, na ar unknown) aff yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT AODRESS
No 216-03-3936	Mildred A. Seibert (Wife) Same
18. 15 7.9 1 CAUSE OF DEA	VILKOVIWVIE IMIEKA VE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the made of dying an (A) IMMEDIATE CA	USE (Areliosuspirally famue)
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	00
ANTECEDENT CAUSES	minal bascinoma lechne
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	new Yourcreas.
7 11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A)	~~~
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (natify medical examiner)	In or about 21C, WHERE DID (If In Baltimore City, give exact location)
21D. TIME (Manth) (Day) (Yearl (Haud 21E IN ILLEY OCCUPAND)	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	e
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) lost saw the deceased alive on	19 69 ond that In(my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not)	, , , , , , , , , , , , , , , , , , , ,
23A. SIGNATURE	238. DATE SIGNED
Dh.	ending Med. Stoff M
22 C BHYSICIAARS	23D. ADDRESS
H.S. KAN GANATH.	UNIVERING JOG. 875P. Pralto PG. 2nel
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, tawn, at caunty) (State)
Burial 8/2/1969 Oak Lawn Cemeter	y Baltimore, Maryland
JUL 3 1 1969 AV Beels E. Faither, M. D. GETTAR O	2SC. FUNERAL DIRECTOR ADDRESS  EUGENIA KI Scitz 5209 York Rd Scitz Funeral Home Baltimore, Md. 21212
VS 150-REV. 1/1/68	1 solton Luffer at Home Dalotmore, Md. 71717



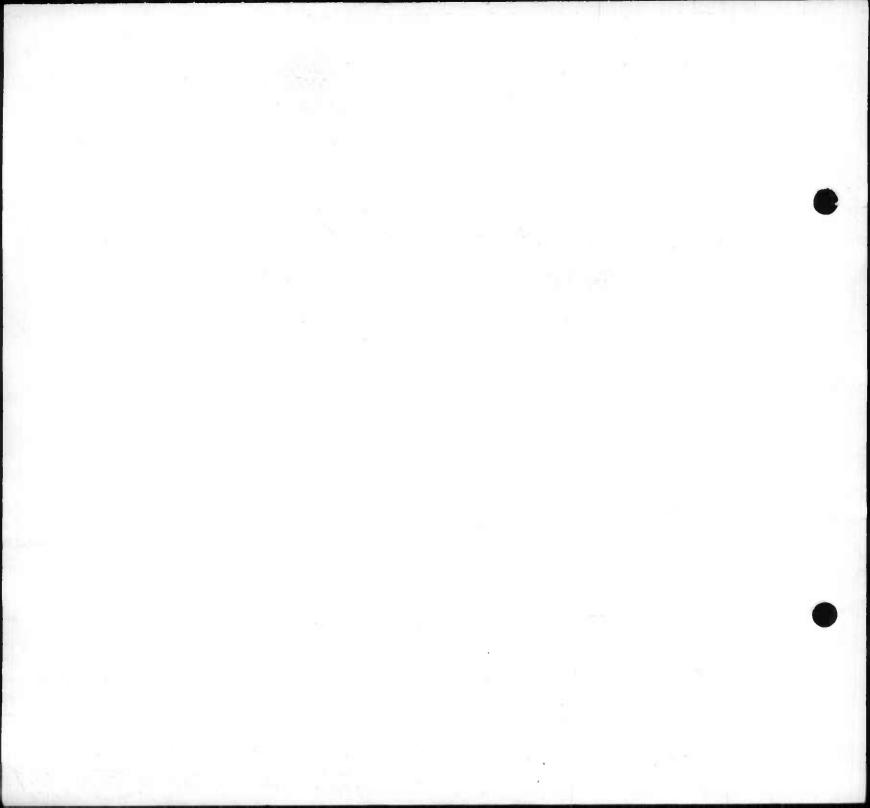
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0-630	) (0	)-my cm.	00	BALTIMORE CITY	HEALTH DEPAR	TMENT		60	~~~~~		
1/2		53	17	32	CERTIFICA	TE OF DE	ATH	X REG. NO	69	1732		
BIRTH NO.  CERTIFICATE OF DEATH  REG. NO. 69 7732  LINAME OF DECEASED LENGTH												
	vne or Print)	HENRY	PRAT	T						415		
3		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						29 July 1 ere deceased lived if	institution: resi	dence before admission)		
III B	ULL NAME OF	N. GIVE STREET	C. CITY OR TOWN / 1776 - D. INSIDE CITY LIMITS?									
1	INSTITUTION						LIN	Thieum D. IN	YES K	NO []		
						E. STREET AND		and Mead	In PI			
5.	SEX   6. RACE   7. MARRIED   NEVER MARRIED					313 N. Camp Meade Rd.						
	H	W	WIDOW		DIVORCED	7-31-		9. AGE (In years last birthday)	Months D	Yr. If Under 24 Hrs.		
10	A. USUAL OCCU	PATION (Give kind of work	108, KIND	OF BUS		11. BIRTHPLACE (	State as for	eign country)	12. CITIZE	N OF WHAT COUNTRY?		
	Bookke	40.00	Lard	Balt	to. Laundry	NEW	york	E	U.S	: ^		
13	FATHER'S NAM	NE .			and a Common of	14. MOTHER'S M				la Fla		
	Fr	Ederick H.	Pratt			Valo	nia	Baldvey				
15	Wes Deceased es, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of servic		SOCIAL SECURITY NO.	17. INFORMANT			-	DDRESS		
	Yes	ldla 1.1		21	L3-05-2846	Mrs. El	izabe	th Gibson	(sister	Same <b>a</b> s		
	18.4/0.	041250	1 1		CAUSE OF DEATH				8E	APPROXIMATE INTERVAL		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) MMEDIATE CAUSE  (A) MMEDIATE CAUSE										
	hearl lailure, a	I mean the mode of osthenia, etc. II means	the disea	.g., se,		SE CONSEQUENCE O			72000			
	injury of complication which caused death.)											
	(8)											
CERTIFICATION	use to me obtas corps (vt storms like											
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIA BETES HELLITUS 25-yrs									25 year		
A DIS	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED  10 A-AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									DNSIDERED		
EPTI	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?									ATH?		
MEDICAL CI	OR CONTRIBUTE	CE OF INJURY le.g., in rm, foctory, street, all	or about 21C, WH ice bldg., INJURY	ERE DID OCCUR?	(if In Baltime	ore City, give e	xoct locotion)					
	21 D. TIME	(Month) (Day) (Year)	(Hour) 2	IL INJU	JRY OCCURRED	21 F. HO	W DID IN	JURY OCCUR?	<del></del>			
1	(APPROX.)		ļ	While At	Not While							
	22. I certify that W(this hospital) attended the deceased from 7/26 1969 to 7/29 1969											
	that (H (we) !	that (W(we) last saw the deceased alive on 7/29 19 69 and that In(my) four) opinion death occurred on the date										
	and hour and fram the causes stated above. (1) (We) (dld) (dld not) view the body after death.											
	23A. SIGNATUR	la Acres	).	- 1	Atter	ding Med	. —	Shaff	23B, DATE			
	23 C. HYSICIAN	rs. Geller	$\sim$ , $\sim$	np	DEGREE Phys.	Dire 3D. ADDRESS	ctor 🗀	Phys.	7-2	9-69		
-		TEAN M TACKSON M.D Maryland General Hospital										
24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)										ounty) (Stote)		
		8/1/60	G.	len H	Haven Memo:	rial Park	Gl	en Burbie,	Maryla	and		
25	25A, DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS											
	JUL 3 1 1969 Puber E. Maber 12 9 0 0 Singleton Funeral Home Glen Burnie, Md											
A 2	150-REV. 1/1/6											



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death (0) uch Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2 hospital 6 6 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance COUNTY (2) cause **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 0 O Timor HOSPITAL OR (4) Undetermined cause; attend 0 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? General Hospita YES prior contributing E. STREET AND NUMBER occurred is made regular 5. SEX 6. RACE deceased MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bisthday WIDOWED X DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA or foreign country) isposition 2 dane during most of working life, even if retired) deat ENGIN Was the direct 4. MOTHER'S MAIDEN NAME death 0 O kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) of yes, give war ar dates of service) 6. SOCIAL final SECURITY NO. attendance 07any pronounced 0 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH IMMEDIATE CAUSI (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES who (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: are < DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the = physician before the remains UNDERLYING CONDITION last the chief medical medical Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 198 CONDITION FOR WHICH OPERATION where the 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) O 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? to the hospital MEDICAL DEATH (notify medical examined) elc.) obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR! approved (except Not While While At (APPROX) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from 00 Pe that (I) (we) last saw the deceased alive an eath) accident of hospital and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. was released must 23A. SIGNATURE O Attending 0 Med. Staff approval 23C, RHYSICIAN'S NAME (Type) Director at a prior 23 D. ADDRESS An hord D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) deceased 24C. NAME of CEMETERY OF CREMATORY the body 24D. LOCATION (City, written shows: Was REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours ; 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cars 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Baltimare City, give exact location) and that in (my) (aur) apinion death accurred an the date 23 B. DATE SIGNED lown, or county) (Stotet ADDRESS VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M-620 69 7734 CERTIFIC	ATE OF DEATH × REG. NO. 69 7734										
1. NAME OF DECEASED Barbara M. Marocki (Type or Print) MRS BARBARA MARECK)	2. DATE AND HOUR OF DEATH										
	7/28/69 10:45 pm M										
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY										
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland BALTIMORE COUNTY 53										
LINZILIONON	C. CITY OR TOWN D. INSIDE CITY LIMITS?										
CHURCH HOME AND HOSPITAL	E. STREET AND NUMBER										
Church Home & Hospital	6 BAYSIDE DRIVE										
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.										
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	111004/										
HOUSE WIFE	7.5										
	14. MOTHER'S MAIDEN NAME										
	Doris Bussard										
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dates of sorvice) No.	17. INFORMANStep-father Dundalk, Md. 21222  3 Mr. Joseph R. Suter, 19 Winona Ave.										
18. GOB / I CAUSE OF DEA											
DISEASE OR CONDITION DIRECTLY	to 0 4 " 4										
(This does not meen the made of dying, e.g.,											
heart foilure, asthenia, etc. Il meons the disease, injury or complication which caused death.)											
to the production of the second secon											
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving  (B) FRONTAU SINUSITIS  DUE TO, OR AS A CONSEQUENCE OF:											
rise to the obove cause (A) stating the UNDERLYING CONDITION tast. (C)											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),											
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
OR CONTRIBUTING CAUSE OF home, form, loctory, street,	or obout 21 G. WHERE DID (If In Boltimore City, give exact location) (if In Boltimore City, give exact location)										
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?										
(APPROX) While At   Not Wh	The state of the s										
22. 1 certify that (1) (this hospital) attended the deceased fram	7-22 1969 10 7-28 1969										
that (1) (we) last saw the deceased alive on 7-28 19-69 and that in (my) (aur) apinian death accurred an											
and haur and fram the causes stoted obove. (1) (We) (did) (did not) view the bady after death.											
23A. SIGNATURE	23 B, DATE SIGNED										
DEGREE PH	ending Med. Staff Director Phys.										
RICALDO M. TUXSON M. D.	100 N. BRONDARY, BARTO, 21231										
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C											
Burial 8/2/69 Oak Lawn Cemet	ery Baltimore, Maryland										
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JOHN J. Duda, 7922 Wise Ave. Dundalk, Md.											
31 1969 Jabers E. Karber, M.D. John J. Duda, 7922 Wise Ave. Dundalk, Md.											

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EVAN MEZICK Down Builden

FUNERAL DIRECTOR: IMPORTANT

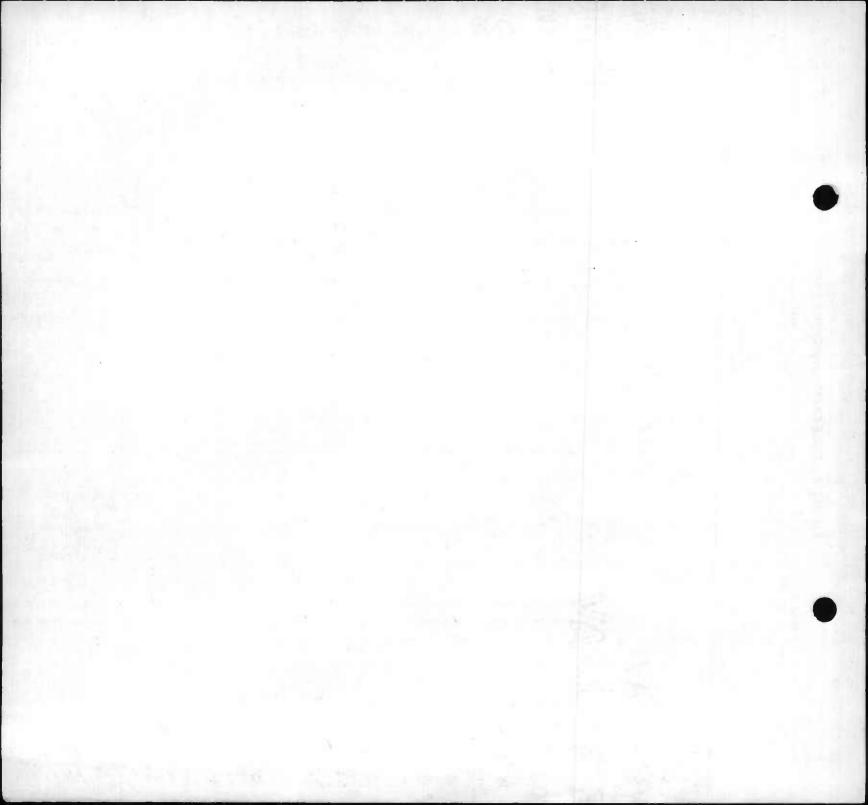
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	Ž	E-300 69 773	75.7-	TE OF DEATH REG. NO.	69 7735				
	1. N.	H NO. AME OF DECEASED	CERTIFICA	2, DATE AND HOUR OF DEATH					
	тур	or Printl CURTIS R. EADS		7-29-69	1:40 Am.				
		LACE IN BALTIMORE, MARYLAND, WHERE PRO		A. USUAL RESIDENCE (Where deceased fived, II in A. STATE B. COUNTY MARYLAND BALTIMORE	nstitution: residence before admission)				
	HO	SPITAL OR ADDRESS OF LOCATION) BALTIMORE CITY HOS		c. city or town Dundalk	YES NO K				
i		4940 EASTERN AVENU BALTIMORE, MARYLAN	_	E. STREET AND NUMBER 7603 ENEW BATTLE GROVE					
3	s. si	ALE WHITE WIDOW		8. DATE OF BIRTH  1-24-97  9. AGE (In yeors lost birthdoy) 72	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
2		USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. 8tRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?				
	C		ng & Sons Co.	VIRGINIA	U.S.A.				
200	13. 1	JAMES THOMAS EADS		14. MOTHER'S MAIDEN NAME  CARRIE					
5		Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service Yes)  WWI	16. SOCIAL SECURITY NO. 215-05-9080	17. INFORMANT RECORDS: BALTIMORE CITY HO 4940 EASTERN AVENUE	ADDRESS DSPITALS #21224				
		18. // / / / / /	CAUSE OF DEATH		APPROXIMATE INTERVAL				
5		TOISEASE OF CONDITION DIRECTLY			BETWEEN ONSET AND DEATH				
5		LEADING TO DEATH CAMMEDIATE CAUSE Interior Magazadia Interior Haus							
		(This does not mean the made of dying,		SE Interior Myocandial	11 May CI 19 May S				
3		heart lailure, asthenia, etc. It means the disease, injury at complication which caused death.)							
		ANTECEDENT CAUSES	181	21/7					
0		DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:					
6		rise to the above cause (A) stating	9						
2		UNDERLYING CONDITION last.	(C)						
5	_	II a	^	. 0 . 0					
6	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN		ric Brain Damas	2				
0	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE-	FINDINGS CONSIDERED				
	ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	NO IN CERTIFYING CA	USES OF DEATH?				
0	CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in		re City, give exoct location)				
0 0	AL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	home, larm, loctory, street, of	fice bldg., INJURY OCCUR?	to city, give exect totalion,				
5	EDIC	21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
0	15	OF INJURY (APPROX.)	While At Not While	e 🗍					
3	1 1		Work At Work		1 - 8 /9				
0		22. I certify that (I) this hospital) attende	4/		19.6.				
9		thor((1))(we) last sow the deceased alive (	35/11	19. 69 ond that In (my) (our) op	inion death accurred on the dote				
		and hour and from the couses stated abave	(1) (We) (did) (did not) v	iew the body ofter deoth.					
Ē		23A. SIGNATURE			23B. DATE SIGNED				
		June V. Nee	Dhow	nding Med. Staff Director Phys.	7/29/69				
0		23C. PHYSICIAN'S NAME (Type)	UE GREE	23D. ADDRESS					
provar		Lynne I. 9	Veete	1340/ TEASTERN True. HOS	DS . BALTO. MD. 2122				
ddb	24A	BURIAL CREMATION, 248. DATE 240	DEGREE C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	City, town, or county) (State)				
	_	REMOVAL (Specily)	ardens of Faith	R	altimore, Maryland				
2		1-1-/	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS				
2	234	111 3 1 1969 Robert E Jack	ers M. Day		Ave. Dundalk, Md.				
	L-	50-REV. 1/1/68	- SL- F W	1/22 1120	arver sommertice and				
	V 3	JU-RE V. 1/1/00							

ASCVD Bello Elike Herges

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

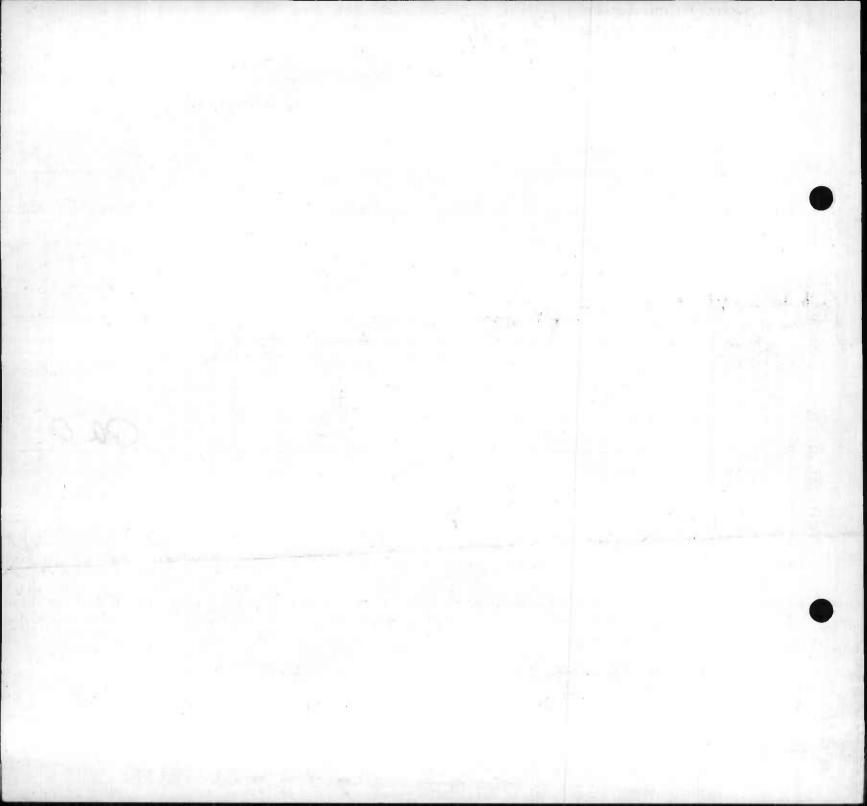
-	T = 2 E BALTIMORE C	CITY HEALTH DEPARTMENT
BIR	J-525 69 7736 CERTIFIC	CATE OF DEATH REG. NO. 454 - 904
	PAME OF DECEASED MAGGIE JOHNSON	2. DATE AND HOUR OF DEATH 7- 10 f. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	1 = 1
HC IN:	DSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
100	1 II a supplied that the supplied to the suppl	Backmore YES NO
16	SINAL HOSPITAL OF BALTIMOR	2002 Walbrook Ave #17
5. 9	F Negro WIDOWED DIVORCED	= 1 13 1 149 0 c
10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during mod of working life, even if retired	Virginia U.S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
3.5	OOO KINS	17. INFORMANT ADDRESS
	Was Deceased Ever in U. & Armed Forces? s, no or unknown)   If yes, give wor or doles of service)   16. SOCIAL   SECURITY NO.	Dr. D. J. Pradham Sina Hospital
	18. / 5 3 / 1 CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	CAUSE Palmonary Embolism
	(This does not mean the made of dying, e.g., (A) IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury as complication which caused death.)	V .
	ANTECEDENT CAUSES	
	Diserves on contentions, it only, giving	AS A CONSEQUENCE OF:
	rise la lhe above couse (A) sloling lhe UNDERLYING CONDITION last, (C)	
	11 9 7 . 1	inal obstruction secondary
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	moma Transverse Colon.
		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	17/24 69 WAS PERFORMED Trutes final Obst	IN CERTIFYING CAUSES OF DEATH?
CER		.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, stree etc.)	t, office bldg., INJURY OCCUR?
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Z		While Ork
	22. I certify that (M'(this haspital) attended the deceased from	7/20 1969 10 7 26 1969,
	that (1) (we) last saw the deceased alive on 7/26	19 6 9 and that in (my) (our) opinion death accurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did no	
	23A. SIGNATURE	23B. DATE SIGNED
	DEGREE.	Attending Med. Swift 7/26/69,
	23C. PHYSICIAN'S D. J. PRADHAN. M.D	23D. ADDRESS SINAI HOSPITAL OF BALTIMORE.
24/	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	
0	trioval (Specify) 7 20-143 MH	Para 13 A O Ra Mad
25/	A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
.11	U131 1969 Palest E. Jake, MD o	Adamon Sandons 317/ Tranton
VS	150-REV. 1/1/6B	There can will be the first the



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

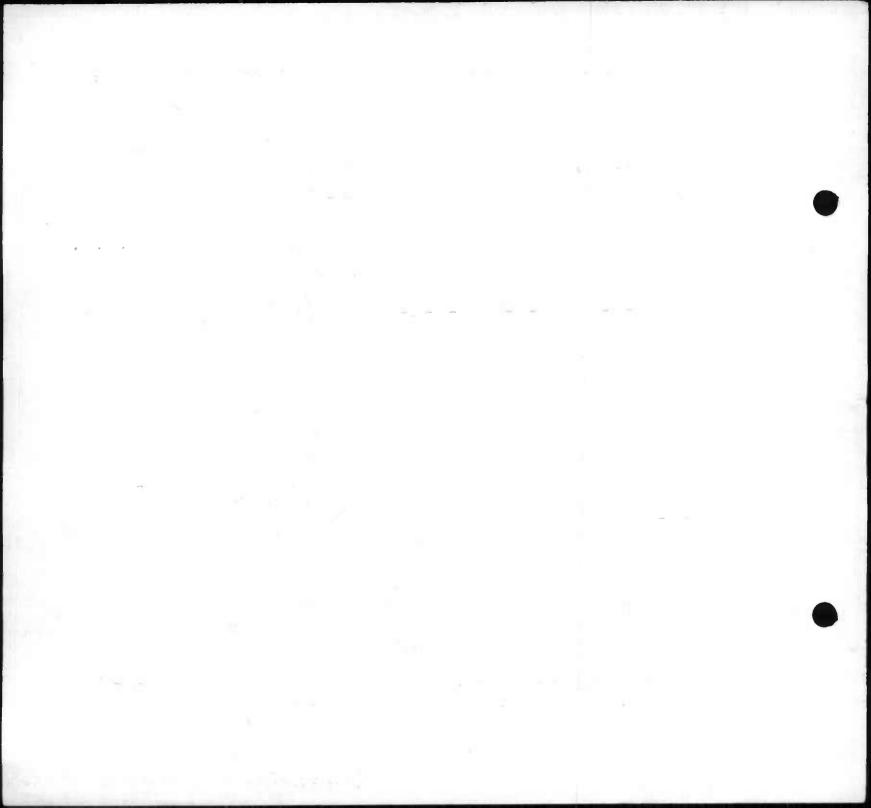
	1 000	CO DWD	BALTIMORE CITY	HEALTH DEPARTMENT		00 %
6	-630	1000	CERTIFICA	TE OF DEATH	REG. NO	59 7737
	TH NO.	0 69-1317	<i>†</i>		NE HOUS OF BEATH	
	AME OF DECEASED	10mg	Head	le an 7-	NO HOUR OF DEATH	33/1 P.
3. 1	PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Who		thur residence before odmission)
FU	LL NAME OF (IF NOT IN	HOSPITAL OR INSTITU	TION. GIVE STREET	0 //	or -Md	27/0
HO	SPITAL OR ADDRESS O	OR LOCATION	^ -/	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
11	///	more	of Hornten	E. STREET AND NUMBER	51. Gebraes 11	YES NO NO
	uncer m			4113 5	1. Joseph ?	3.4
5. \$	6. RACE	7. MARRIED [	NEVER MARRIED DIVORCED	7-14-69	9. AGE (In years lost birthday)	Months Doys Haurs Min.
	OSUAL OCCUPATION (Give kir	nd of wark 10B, KIND OF		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even it	fretired)		Union me	emoral Ho.	76/
13.	FATHER'S NAME	1.1		14. MOTHER'S MAIDEN NA	ME	
l	Charl.	s H	anson.	Linell-	Hanson	
	Was Deceased Ever in U. S. A s,no or unknown) (If yes, give wo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
						APPROXIMATE INTERVAL
	DISEASE OR CONDIT	ION DIRECTLY	CAUSE OF DEAT	H .	~ ^ -	BETWEEN ONSET AND DEATH
	LEADING TO		(A) IMMEDIATE CAL	ISE umat	writing	
	(This does not mean the n heart failure, asthenia, etc. I			A CONSEQUENCE OF:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	injury or complication which			1 1	9	
	ANTECEDENT O		(B) Who of	A CONSEQUENCE OF:		
	nise to the above cous	se (A) stating the	DOL 10, OK 43	A CONSEQUENCE OF		Da 0
	UNDERLYING CONDITION	lasi,	(c)			
Z	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING		1		
ATION	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	N IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 1	9B. CONDITION FOR V VAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes ar N	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examina	OF hom	e, form, foctory, street, o	n or about 21C. WHERE DID	(If In Boltimore	City, give exoct lacotian)
MEDIC	21 D. TIME (Month) (Doy)	(Yeor) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
×	(APPROX.)	Whi	le At Not While	e	0.0	122010
	22. I certify that (I) (this I			7-18-69 8/2	19 to 7	18-69 19
	that (1) (we) lost sow the		. 1			nion death occurred on the date
	ond hour and from the cou					
1	23A. SIGNATURE	1				23B. DATE SIGNED
	Ker	NR	DEGREE Phy		Staff Phys.	Λ
	23C. PHYSICIAN'S NAME (Type)	themes	Lori	23D. ADDRESS	en and 1	Hartel
24/	A. BURIAL CREMATION, 24B. I	DATE 24C. NA	MELDI CEMETERY OF AR	WATTOMY BOTA	RONDF MA	pyn, (% Edwy) (Stote)
		29-69	¥ 11	WINED CITY M	EBICAL CO	HOOL
25/	IG 1 1969 PROPERTY	PT. 25B. NAME C		VI VSE INDIAL TIREOTO	DV CERTIC	ADDRESS
HI	150-REV. 1/1/68	-, waser, or	3000	MIUNIUA	ni sekvic	E BCHB
4.3	130-WE #1 1/1/00	1 4 0				



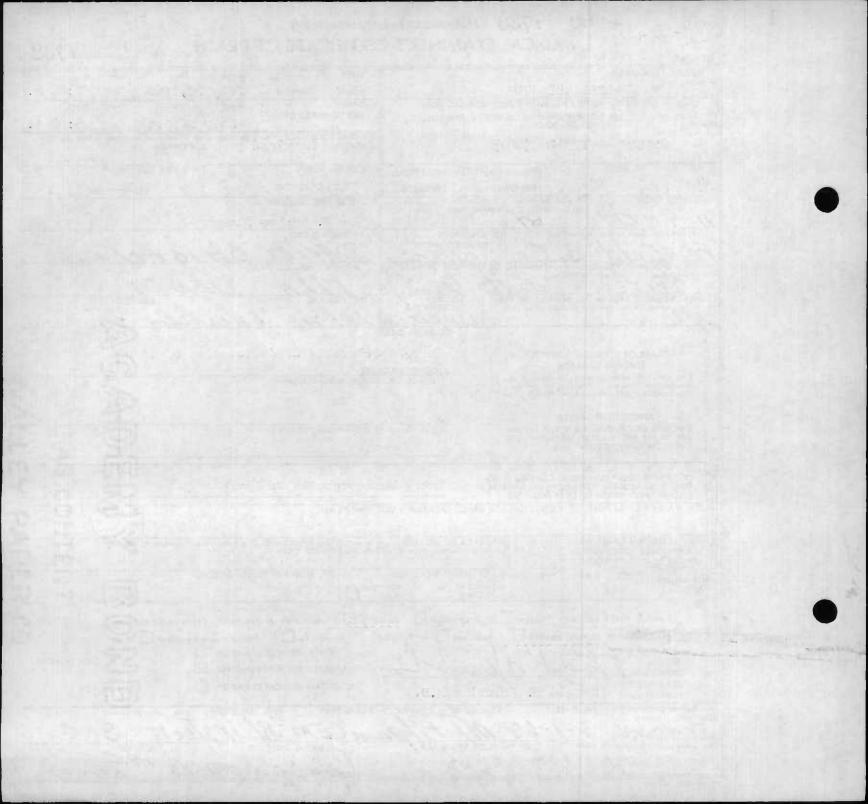
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant is death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

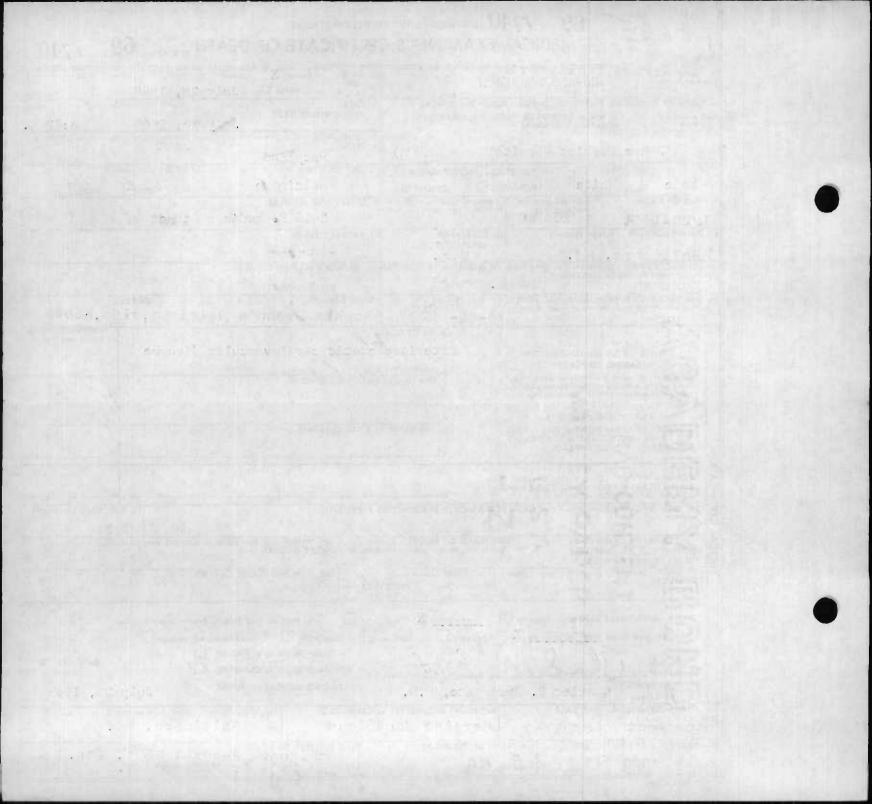
	M-3		773	346	Y HEALTH DEPARTMENT OF DEAT		6	9 7738
li	ype or Print)	MITCHELL, Geor	rge Edw	ond.		TE AND HOUR OF DEATH		
3		LTIMORE MARYLAND, W			4. USUAL RESIDENCE	30 JULY 1969 Where deceased lived If it	n stitution:	9:20 A M.
111	ULL NAME OF	ADDRESS OR LOCA		ITUTION, GIVE STREET	MARYLAND I	BALTIMORE CITY		907
11"	VETERANS ADMINISTRA				BALTIMORE	D. INS	IDE CITY YES T	
,	3900 LOCH RAVEN BO BALTIMORE, MARYLAN			EVARD 21218	E. STREET AND NUME 2522 AISQUI		163 1	] 140 []
	MALE	6. RACE NEGROID	WIDOWE	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Und Months	or 1 Yr. II Under 24 Hrs. Hours Min.
1100	ne guring most of	CUPATION (Give kind of work working life, even if retired)	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	of foreign country)	12. CI1	TZEN OF WHAT COUNTRY?
11	LABORER					NORTH CAROLINA	.   τ	J. S. A.
11	WILLTAM				14. MOTHER'S MAIDE			
		1111 011111111			IDA BARNET	T		
$  \alpha $	YES	d Ever in U. S. Armed Fernal III yes, give wor ar dote 3-10-45 TO 1	s of service	6. SOCIAL SECURITY NO. 213-07-05-40		HOSPITAL RECOR		ADDRESS
	18.//	4,9 14-25	0,9	4 CAUSE OF DEAT	Н	22729	10, 1	APPROXIMATE INTERVAL
	DISEA	SE OF CONDITION DIE	ECTLY	4 7	CETTER OF AT T	CNTAD COTON		SETWEEN ONSET AND DEATH
	heart failure.	nal mean the mode of asthenia, etc. It means application which caused	the disease	(A) IMMEDIATE CAL	SE CEREBRAL I	INFAROTION		48 HOURS
	1	ANTECEDENT CAUSES	00011127	MULTIPL	E DIFFUSE ART	TERIAL THROMBOS	TS	5 WEEKS
	DISEASES (	OR CONDITIONS, it	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			) WEEKEN
					SCLEROSIS VAS	CULAR DISEASE		
ATION	OTHER SIGNIE	FICANT CONDITIONS CONTINUES TO THE	F TERMINAL	DIABETES	MELLITUS, HYP	PERTENSION, CON	GES*	
ERTIFICA		OPERATION 19B CONE WAS PERF		WHICH OPERATION  ANGRENE RT LEG		WATER AND TAKE	INDINGS USES OF	CONSIDERED DEATH?
CALC	OR CONTRIBLE DEATH (notify	NT WAS UNDERLYINO DITINO CAUSE OF medical examined	211 hor elc	B. PLACE OF INJURY (e.g., in me, form, factory, street, of	n or obout 21 C. WHERE D	ID (If In Bollimor	e City, giv	e exoct locotion)
MEDI	21 D. TIME OF INJURY	(Month) IDoy) IYear)		INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?		
<	(APPROX.)		Wo					
	22. I certify	that 4) (this haspital)	attended t	the deceased from 2	JULY 1969	1969 to 30	JULY	19.69
	that (H) (we)	last saw the deceased	allve an_	30 JULY	19.69 an	nd that In (Kny) (aur) apli		
	and haur and	d fram the causes state	ed abave. X	) (Me) (qiq) ( <b>qiq</b> c <del>ye)</del> v	lew the body after dec	oth.		
	23A. SIGNATU	10	1 /	Attac	nding [ ] Med. [		238. DAT	TE SIGNED
	23C. PHYSICIA	N. Cerry J.	coller	DEGREE Phys	. U Directer L	Staff Phys.		30-69
	NAME IT	ype R. DARRYL F	ISHER,	MD	3D. ADDRESS 3900 I	LOCH RAVEN BOUI	EVAR	D
24	A. BURIAL CRE	MATION, 248, DATE	/ 24C.N	AME of CEMETERY OF CRE		MORE, MARYLAND		218
	Demoval (	specify)	0	of Other	24	D. LOCATION (Cit	y, town, o	or county) [Stote)
25	A. DATE REC'D		258 NAME	OF REGISTRAR	25C. FUNERAL DIREC	CTOR /	Ca	ADDRESS
	AUG1	1969 J&Ber &	, Vaiber		Malan.	Elickson 1	1299	Cart St
VS	150-REV. 1/1/	68				The state of the s	0/11	· Carly Lager St



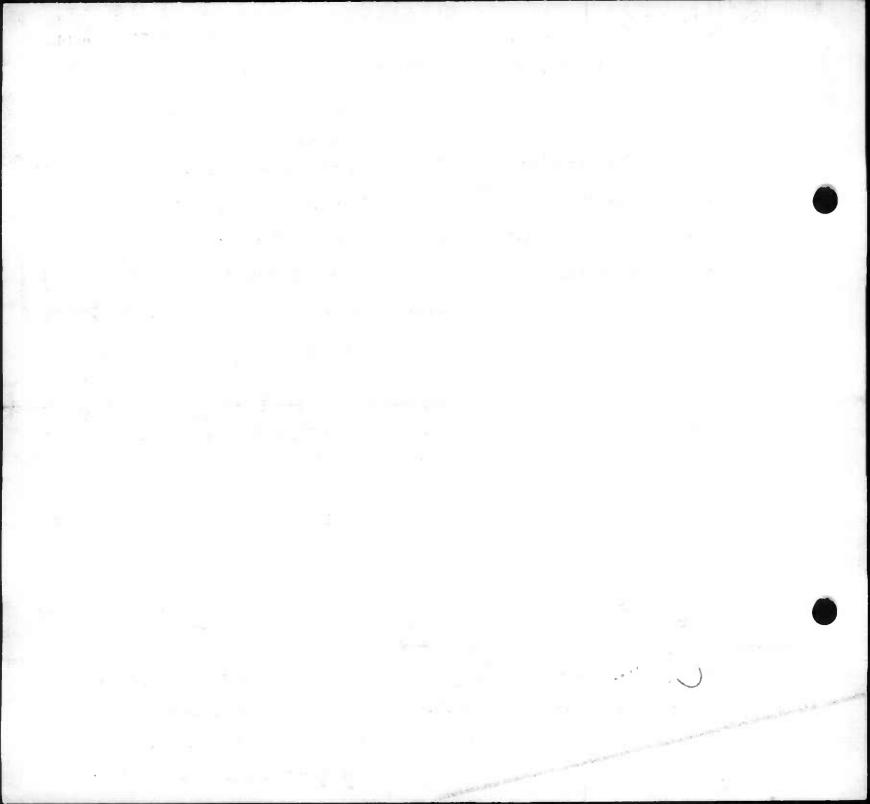
	C-245 69 7739 BALTIMORE CITY HE		
	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATI	H REG. NO. 69 7739
1	I. NAME OF DECEASED	2. DATE Known Month	Doy Yeor Hnur
2	WARDELL CHISHOLM  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted July 3. DATE Month	30,1969 8:00 A <sub>M.</sub>
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD July	20 1010
	HOPKINS HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceased liv	
1	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	Male Negro WIDOWED DIVORCED	Baltimore	YES NO
1	P. DATE OF BIRTH  10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER	
1	11. BIRTHPLACE (Stole or (ereign country) 12. CITIZEN OF	939 N. Durham Street	
	FRIRFIP C S WHAT COUNTRYS	DAVID CH	1 = 26/11
	4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	10 NOLNI
	one during most of working life, even If relired) Balto - Country	6 ELLA DA	ENDLE
ī	6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)!(Il yes, give wor or doles of service) SECURITY NO.	18. INFORMANT	ADDRESS 6 25
	NO UNKNOWN	LARSIE (HIS	Holm Smallwoodst
	19. CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		sclerotic Cardiovascul	ar Disease
	(A)IMMEDIATE C	AUSE S A CONSEQUENCE OF:	
	heort foilure, osthenio, etc. it means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:	
	ANTECEDENT CAUSES (5)		
		AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION LAST		
	11		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL FALLY ME DISEASE OR CONDITION GIVEN IN PART 1 (A).	tamorphosis of Liver	
	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g., 1	n or about 22C. WHERE DID (If in Boltimore	Yes (City, give exact location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED	22F. HOW DID INJURY OCCU	R?
	(APPROX.) WHILE AT NOT WORK AT WO		
	23.  I certify that I held an Inquiry Inspection Aut	apsy and that on this basis, a	1-4-1
	resulted from: Natural causes & Accident Suicide		ed manner
	The state of the s	CHIEF MEDICAL EXAMINER	ed manner [_]
	SIGNATURE MILE M.D.	- ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Danald N. Vormhlum M. D.	ASSOCIATE MEDICAL EXAMINER	7/30/69
-	NAME (Type) ROTTET IN ROTTED TOTTLE T	or CREMATORY 24D, LOCATION	
	REMOVAL (Specify)	CREMATORY 240, EUCATION	(City, town, or county) (State)
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	EM EMPERAL DIRECTOR	10ch 3. C.
1	1444 4000 O 4 4 2 A	25C FUNERAL DIRECTOR	ADDRESS JAIZE, Prester
L	S 151-REV, 1/1/68	a CAHNO OCRU	665 Street
A	3 131-RET, 1/1/00		/



1	M-625			BALTIMORE CITY HE EXAMINER'S			DEAT	Н	69	7240
-	RTH NC.							REG. NO	70	1/40
(Ty	NAME OF DECEASE	HOWARD			2. DATE OF DEATH	Knawn 🗵 Estimated 🗌	Month July	28, 196	Year	Hour
	PLACE IN BALTIMO				3. DATE		Month	Day	Year	Hour M.
HC	IL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	PRONO	UNCED DEAD	July	28, 196	9	8:12 Am.
OF	CINSTITUTION	Hopkins H			A. STATE	ESIDENCE (Where	deceased liv	ed. If institution: B. COUNTY	residence	before odmission)
6.	SEX 7. RA	CE	B. MAPPIE	D NEVER MARRIED	C. CITY OR	Maryland Town		D. INSIDE CIT	Y HMITS?	) 82
	Male	White	WIDOWE			Baltimore				
9.	DATE OF BIRTH	IO.AGE (		f Under 1 Yr. II Under 24 Hrs.		ND NUMBER		YE	s 🖺	NO L
1	1/28/1901	lo. AGE (i last birthdo	68	lanths Days Hours Min.		2414 E. Ma	adison	Street		
	BIRTHPLACE (State of			. CITIZEN OF	13. FATHER					
	Baltimore	. Md		WHAT COUNTRY?	7	nknown				
144	USUAL OCCUPATIO	N (Give kind of work	148. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAM	ΛĒ			
don	eduring most of working Foreman	lite, even II relired)	Beth			nknown				
16.	WAS DECEASED EV	ER IN U.S. ARMEI	FORCES?	17. SOCIAL	IB. INFORM			AD	DRESS	
(Te	s, no or unknown) (II yes,	JW 1	of service)	SECURITY NO. 5+05-2720	Sophi	a Svoboo	la Moi			above
	19.	4.7		CAUSE OF DEA				,		PROXIMATE INTERVAL
	DISEASE OR	CONDITION DIRE	CTIV	Arteriosc	lerotic	cardiovas	cular	disassa	BETW	TEN ONSET AND DEATH
		NG TO DEATH	CILI			caratova	Calai	arsease		
	(This does not med	on the mode of dy	Ing, e.g.,	(A)IMMEDIATE O	AS A CONSEQ	UENCE OF:				
NO	ANTECE DISEASES OR CO RISE TO THE ABOV UNDERLYING CO	DENT CAUSES NOTIONS, IF ANY /E CAUSE (A) STA DIDITION LAST.	, GIVING TING THE	(B)	AS A CONSEC	QUENCE OF:				
CERTIFICATION	OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR COND	IT NOT RELATED TO ITION GIVEN IN P.	THE TERMIN	AL						
E.	20A. DATE OF OPER	ATION 208. COI	NDITION FO	R WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
									No	
MEDICAL	22A. EXTERNAL C. UNDERLYING ☐ OR UTING ☐ CAUSE O	CONTRIB-	ho	B. PLACE OF INJURY (e.g., me, lorm, loctory, street, office	in or about 2: bldg., etc.) IN	C. WHERE DID (I	f in Boltimore	City, give exac	location)	
Σ	22D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year			WHILE	F. HOW DID INJ	URY OCCU	27		
Н	23.		m.	WORK LATW	ORK					
	I certify the	at I held on 1	nquiry 🗌	Inspection X Aus	apsy 🗌	and that on thi	ls basis, d	eoth In my o	pinion	
		m: Natural cau		Accident Suicid				ed monner		
		000	()	11+ 2		HIEF MEDICAL EX		_	1	
	ACTUAL SIGNATURE_	horx	1.	I set in	ASSIS	TANT MEDICAL EX	AMINER &			DATE SIGNED
	EXAMINER'S NAME (Type)	Charles	S. Spr	ingate, M.D.		CIATE MEDICAL EX		7	uly 28	3, 1969
REI	A. BURIAL CREMATION MOVAL (Specify) a tombment	7/31/	1	24C. NAME of CEMETERY A			OCATION Ralt	(City, town, imore,	or county)	(State)
-	A. DATE REC'D BY HE			ME OF REGISTRAR						
Δ	uc 1 1969	Robert E.	Jaber,		25C. F	chimunek 2601	Fune	ral Ho	St.	nc.
VS	151-REV. 1/1/68				7 7	3 0				

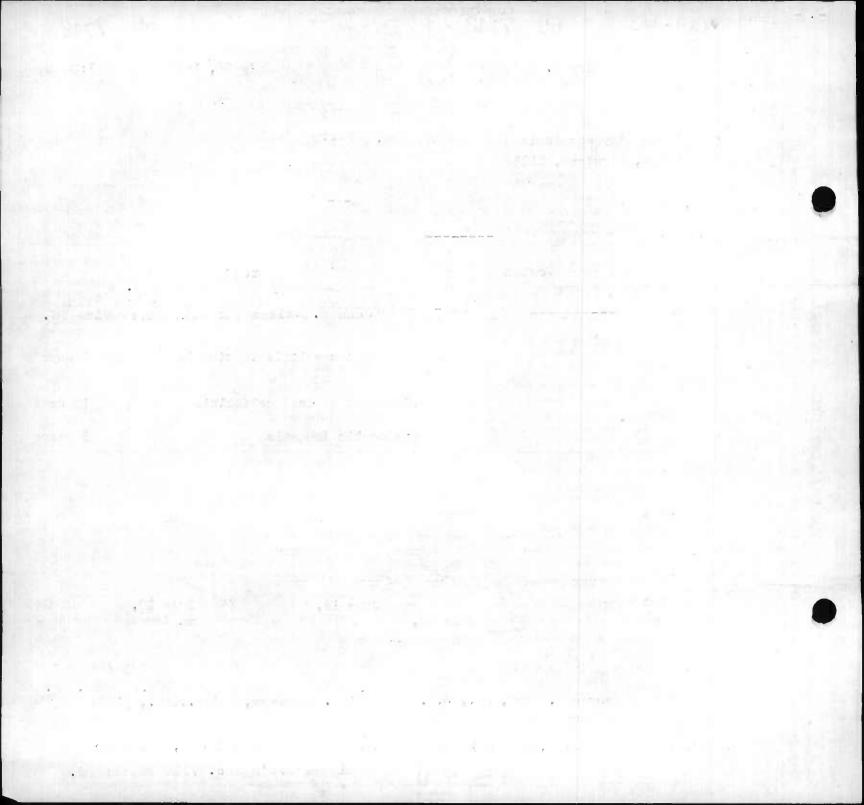


C-636 69	) Head on the	HEALTH DEPARTMENT	X REG. N.C.A	RYER, WILLIAM J
BIRTH NO.  1. NAME OF DECEASED		2 DATE AL	ND HOUR OF DEATH	00 1741
C.	, William Thomas J	T.	7/29/69	6:50 A.
3. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il i	nstitution: residence before admission)
FULL NAME OF HOSMITAL OR ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET	Maryland.	Ballo. Co.	5300
INSTITUTION	A IION	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
22		Baltimore E. STREET AND NUMBER		YES NO
The Johns Hopk:	ins Hospital	7867 Oakda	le Avenue	21237
5. SEX 6. RACE	7. MARRIEDEN NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. , If Under 24 Hrs.
Male White	WIDOWED DIVORCED	3/5/09	60	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)			•	12. CITIZEN OF WHAT COUNTRY?
team Fitter	Keswick Home	Long Green	, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
William T. Carter		Nannie Ye	well	
15. Wes Deceesed Ever in U. S. Armed Fer (Yes, no oi unknown) (If yes, give war or date	cos? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	213-10-0300	Mildred Band	dell Carte	r, wife, above
18.2 2 8 X I	CAUSE OF DEATH	1		APPROXIMATE INTERVAL SETWEEN DNSET AND DEATH
DISEASE OR CONDITION DIS	RECTLY	11. +00.		/
This does not mean the made of	dying, e.g., (A)IMMEDIATE CAU	SE CONSEQUENCE OF:	ng.	1 year
heart lailure, asthenia, etc. It meons injury ar complication which caused	me disease.	CONSEQUENCE OF:		0
ANTECEDENT CAUSES	m Tim	m immil	uni	/ years
DISEASES OR CONDITIONS, IL	ony, giving DUE JOHOR AS	A CONSEQUENCE OF:	. 1.11	1 70 7
underlying condition lost.	slaling like (C).	as abeque	a of the	uch flugel
				3-0° 41.
OTHER SIGNIFICANT CONDITIONS COIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINA!			′
DISEASE OR CONDITION GIVEN IN PAR	TI (A). DITION FOR WHICH OPERATION	120 A 411-00040 /V No.	V 000 40 40	
WAS PERF	ORMED	YES	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 & PLACE OF INJURY (e.g., in hame, form, foctory, street, aff etc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exect location)
21D.TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that 🎒 (this hospital)		7/3	969 10	7/29 1969
that E(we) last saw the decease	d olive on 7/29	19 <u>69</u> ond the		nian death occurred on the date
and hour and from the couses state	ed above. (I) and (did) (many vi	ew the body after death.		
23A SIGNATURE S. A	up. ODMD Atten	ding Med.	Shaff Phys.	7/20/09
23 C. PHYSICIAN'S NAME (Type)	DIOREE	3D. ADDRESS		1/00/10/
Charles S. Auge		The Johns Ho	pkins Host	oital
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA			y, lown, or county) (Stote)
Burial 8/1/6	9 Baltimore Ceme	~	ltimore, M	
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Superal He	ome, Inc.
11101 1969 1666	B. E. Faller, & Doll	7 383 UBI	Puneral Ho ehms Lane	and, life.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

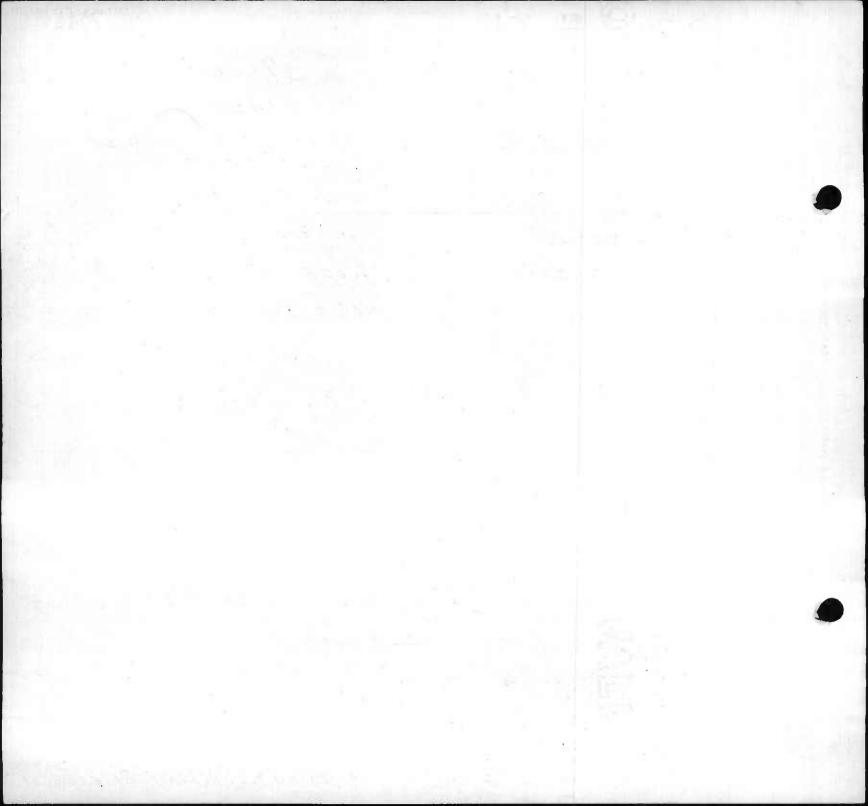
RIRT	W-435	69 774	12 CERTIFICA	TE OF DEATH	REG. NO	69 7742		
1. N	AME OF DECEASED			2. DATE	AND HOUR OF DEAT	Н		
ПСТУР	e or Print) Mar	y H. Walteme	yer	J	uly 30, 1969	7:00 AM M.		
3. P	LACE IN BALTIMORE, MAR	TLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If DUNTY	institution: residence before odmissian)		
HO	L NAME OF (IF NOT I SPITAL OR ADDRESS	N HOSPITAL OR INSTIT	TUTION, GIVE STREET	Maryland E	Baltimore D. IN	ISIDE CITY LIMITS?		
14	ltimore City Ho	spitals 4940	Eastern Ave.	Perry Hal		YES NO		
Ba	ltimore, Maryla	nd, 21224		L117 Perryview Road 21236				
5. S	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Manths: Days Haurs Min.		
F	emale White	WIDOWED	= =	1-5-06	63	With the second		
10A.	USUAL OCCUPATION (Give		F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
	during mast of working life, even	if retired)		Indiana		USA		
	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
		7] **		Eunice				
		Vosloh			Todd			
15. V (Yes.	Was Deceased Ever in U.S., na ar unknown) (If yes, give	Armed Farces? war ar dates al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT BCH				
	No		213-40-1842	Records	Baltimore, M	Perry View Rd		
DICAL CERTIFICATION	19A. DATE OF OPERATION WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  XXXXX  20A. AUTOPSY? (Yes or No)  Yes  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notily medical examiner)  DEATH (notily medical examiner)  DEATH (notily medical examiner)  DEATH (notily medical examiner)  19B. CONDITION FOR WHICH OPERATION  XXXXX  20A. AUTOPSY? (Yes or No)  Yes  Ves  Ves  IN CERTIFYING CAUSES OF DEATH  (If In Boltimare City, give entire)  AXXXX  XXXX  XXXX  XXXX  XXXX  XXXX  XXXX							
24A	that (I) 1000 lost sow the and haur and from the co 23A. SIGNATURE 1000 200 200 200 200 200 200 200 200 20	e H. Sack, J DATE 24C.N	June 30,  (I) (Me) (did) (did not) v  HD, Attended Physics	iew the body ofter dea nding Med. Director C23D. ADDRESS BCH 44 601 N. Broadw.	thot In(my) (ser) of the state	(City, tawn, ar county) (Statet		
	AUG 1 1969	labert E. Jab	& Mapa O D			O Belair Rd.		



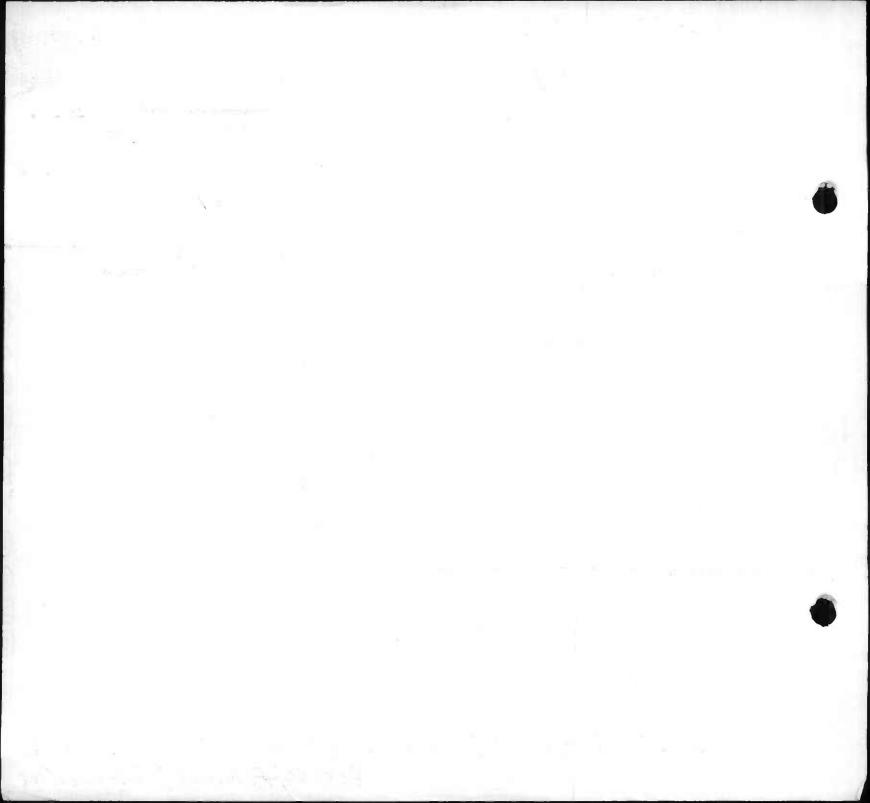
1	7-5/2 69 7743 CERTIFICA	ATE OF DEATH REG. NO. 69 7743					
fal and f death eceased on the h. Such	1. NAME OF DECEASED (Type or Print) JAMES THOMPSON	2. DATE AND HOUR OF DEATH					
2000=	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wide deceased lived, II institution: residence before admission)  A. STATE  B. COUNTY					
a nospinause of e.; (5) Dendance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY CAND  C. CITY OR TOWN  D. INSIDE CITY LIMPS?					
ting cause; d cause; r attend prior to	YUNION MEMORIAL HOSPITAL	BALTIMORE YES D NO DE. STREET AND NUMBER 3712 FALLS RD.					
ibuti ined ilar d pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED						
occurre ontribut ermined regular regular is made	Male White WIDOWED DIVORCED	3 / 7 8 / 12 last birthday 5-7 Months: Days Hours Min.					
Undet Undet as in sition	GROUNDS KEEPER Johns Hopkins	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U. S. A					
Was been	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
E S	********** Amos Thompson	CERCEROSCENE Lula E.Petersen					
2 2 2 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wer ar dates at service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	No No ?	Catherine V. Thompson-3712 Falls Rd.					
lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteriors less tre Condine diage					
ctur ar bail	(This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)						
A fra who regul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR A	Atherona - generalized					
8 E.E 8	nise to the above couse (A) stating the UNDERLYING CONDITION lost.  (C)	S A CONSEQUENCE OF:					
岩上北京日	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	878 Joré MD					
Bod the the iysic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
N S S S S S S S S S S S S S S S S S S S	OR CONTRIBUTING CAUSE OF heme, form, factory, street, of the contribution of the contr	in at about 21C, WHERE DID (If in Baltimare City, give exact location) ffice bidg., INJURY OCCUR?					
16 S	21D. TIME (Month) 1Day) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?					
the (ex on obt	22. I certify that (I) (this hospital) attended the deceased from	uly 29 (1.30 PM) 19 67 10 /Uly 29 (4.15 PM) 19 69					
こ 2 日 三 日							
dent of dent of lospital death) must b	ond hour ond from the couses stoted obove. (I) (We) (did) (did not) v	iew the body after death.   23B, DATE SIGNED					
a 5 4 5 5	Phy	anding Med. Staff Director Phys. W July 2 P					
y was r (1) An a 3.A. at d prior approv	JUHN CABRERA M.D.	UNION MEMORIAL HOSPITAL					
A d d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI						
Ns: D. D.	Burial 8/2/69 Cedar Hill Cem	Politiman va					
the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
< 0 > 0 >	VS 150-REV. 1/1/68	Ahn Donovan - 3818 Roland Ave.					

15.6 528-238-4 Market Street VANCOUS TABLE and a second of property and the second The control of the second of the second of the

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission) B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMIT YES 4 NO [ S. SEX 9. AGE (In years 6. RACE If Under 24 Hrs. MARRIED NEVER MARRIED If Under 1 Yr. Months: Doys Hours lost birthdov WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if setired) MARYLAND HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 0 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONST hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B, PLACE OF tNJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical exominer) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At WAR 22. I certify that (I) (this haspital) attended the degeosed from and that in(my) (our) aplaion death occurred on the date and how and from the causes stoted obave. (1) (We) (did) (did nat) view the body after death. SLOON LETTUE 23 B. DATE SIGNED Attending 7 Med. Staff Phys. Director L PHYSICIAN'S 23 D. ADDRESS MAMA 24A. BURIAL CREMATION, 24B. DATE OF CREMATOS FUNERAL DIRECTOR VS 150-REV. 1/1/68



1	1	The A S A S A S A S A S A S A S A S A S A	HEALTH DEPARTMENT TE OF DEATH REG. NO. 69 7745
and sath ased the the	BIR	TH NO.	TE OF DEATH
S		Agnes May Smith	2. DATE AND HOUR OF DEATH  7 - 3 / - 6 9   12 : 25 Am.
To Do at	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived, II institution: residence before admission)
hos 156 (5) and de	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2534 c. CITY OR TOWN Baltimar D. INSIDE CITY LIMITS?
ting caudanting cauda cause;  r attend		South Baltimore General Hespital	Brooklyn YES NO DE. STREET AND NUMBER
TO	7		540 Maude Avenue 21226
contribut fermined regular ceased p	5. \$	MARKIED MEVER MARKIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 %, II Under 24 Hrs. Months Days Haurs Min.
occur ontrib ermin regul eased is ma		. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	12-13-97  11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
de rie	don	house wife	Maryland U.S.A.
if (4)	13.	John Eckert	Frances Whitting You
stant ind; eath e on	15. \ (Yes	Was Deceased Ever in U. S. Armed Forces?  and or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
語中スカの語		no	John Smith 1946 Light St., Biltimore
his as so, if if any inced enda		18. 4/2, 2 1 250, 9 CAUSE OF DEATH	
of the de		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	T Color of the Col
0 5 5 0 5		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	SE SUbayachnord hemorrhese 3 Says
ner. actu pro ular mba		injury at camplication which caused death.)	
		DISEASES OR CONDITIONS, if any, giving DUE to, OR AS	
ex (3) in s a		UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
medical edical burns; hysicia n was remain	_	11	
070		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	es mellirus
chief m Body by the phy ysician e the re		19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Pp 6 2 be		OR CONTRIBUTING CAUSE OF CONTRIBUTING COURSE OF CONTRIBUTING CAUSE OF CAUS	or obout 21 C. WHERE DID (If in Baltimare City, give exect location)
whe whe	S	DEATH (natify medical examined etc.)	
hos nature ept d (6)	I 5 I	21D.TIME (Month) (Doy) (Year) (Hous) 21E, FNJURY OCCURRED  OF INJURY  (APPROX.) While A1 Not While Wark A1 Work	21F. HOW DID INJURY OCCUR?
		22. I certify that (‡) (this hospital) attended the deceased fram	14 26 19 69 to July 31, 1235 m 19 69
B + 4 = 5 d			ht 19 69 and that in (my) (our) apinion death accurred an the date
dent dent deat deat		and haur and from the causes stated above. (1) (We) (did) ( <del>did net</del> ) vi	
SOPOPE		Eleanor L Noon m. D. Atter	ading Med. Stoff July 31, 1967
0 - 0 >		DEGREE	3D. ADDRESS
44		DEGREE	
certificat sody was 7s: (1) An D.O.A. al assed pric	24A	BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	
	25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR.	25G, FUNERAL DIRECTOR ADDRESS
This the bashow was dece	A	UG 1 1969 Robert E. Jaber M.D.	In Cully F. H. 237 Potapre Cine
,	VS	150-REV. 1/1/68	

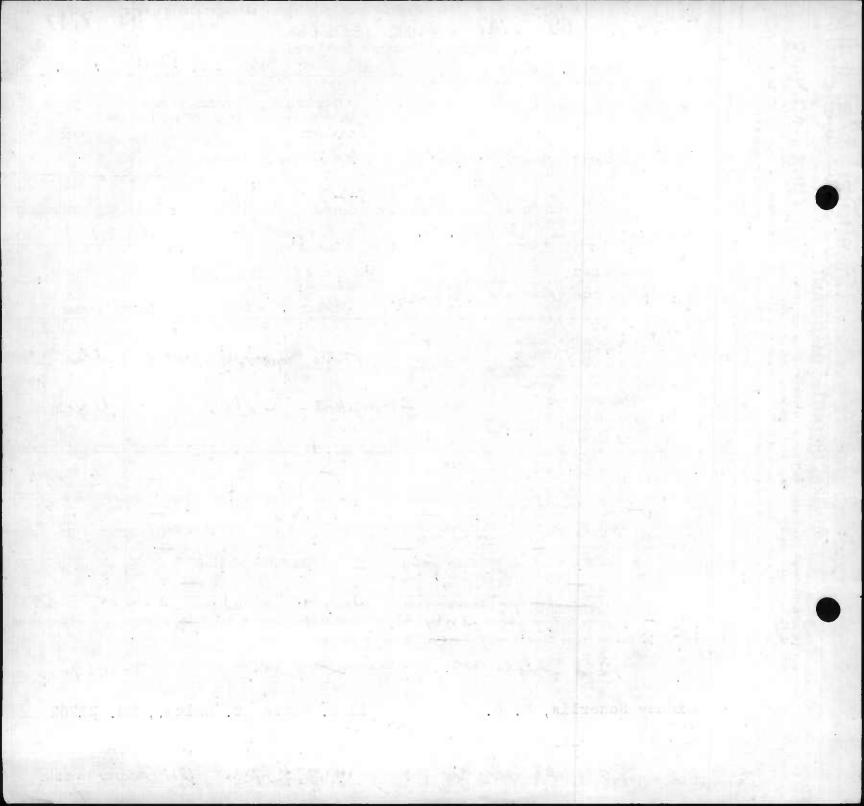


- 11	
1 1150	69 7746 BALTIMORE CITY HEALTH DEPARTMENT
B-400	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
DIDTU NO	

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 7746						
BIRTH NO.	NEO, 110,						
1. NAME OF DECEASED (Type or Print)	2. DATE Known & Month Day Year Hour						
John XDWXXX Bell	DEATH Estimoted						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET HOSPITAL OR INSTITUTION)	7 25 69 2:45 p.m.  [5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)]						
4/2 Tuthoman Hamital	A. STATE B. COUNTY						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland /6 0 4						
MIARKIED [] INEVER MIAKKIED	D-14.1						
male colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Baltimore YES NO L						
Feb. 21, 1905   lost birthdoy)   Months, Doys, Hours, Min.							
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME						
Maryland WHAT COUNTRY?	William Bell						
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME						
done during most of working life, even if retired)  Laborer	Mary Anderson						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.							
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL						
000,00	BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Obmania alashaliam						
(A)IMMEDIATE	CAUSE Chronic alcoholism AS A CONSEQUENCE OF:						
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	AS A CONSEQUENCE ON						
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE	TAS A CONSEQUENCE OF:						
UNDERLYING CONDITION LAST. (C)							
1							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)						
	no						
	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?						
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	3.00						
	22F. HOW DID INJURY OCCUR?						
	WORK						
23.							
	utapsy ond that an this basis, death in my opinion						
resulted from: Notural couses & Accident Suici	ide Homicide Undetermined monner						
CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE LILL MAN MAN	ACCICTANT MEDICAL EVAMINED						
EXAMINER(\$	ASSOCIATE MEDICAL EXAMINER						
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 7/26/69						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 7/30/69 Hopkins Cem	metery Highland, Maryland						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTORY ADDRESS						
MIG 1 1969 Robert E. Farber, M.D.	Holest L. Sugard 246 N. Washington &						
	Rockville, Md.						
VS 151-REV. 1/1/68	/ / O O MOCKVIIIC, IId.						

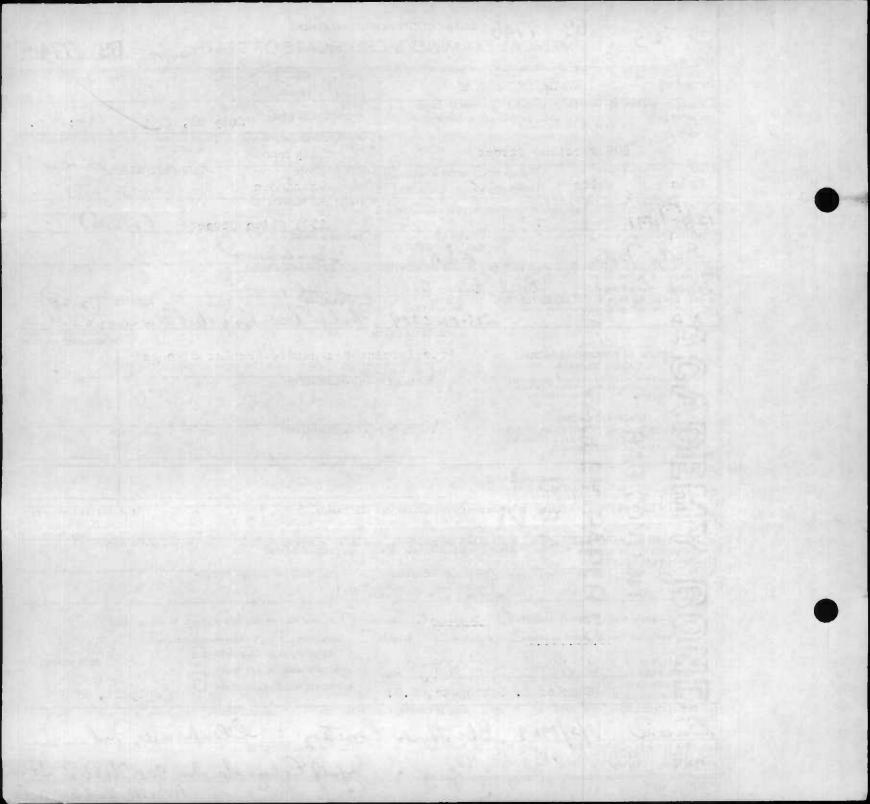
100 J. L. 100 

	AME OF DEC	-444				AND HOUR OF DEAT			
		James A. 1				uly 29, 1969			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					A. STATE B. COUNTY  Maryland  Anne Arundel  C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
11	Canth	2-14: (	/ //	/	Brooklyn  E. STREET AND NUMBE	R.	YES NO K		
_		Baltimone Ger			405 Townsen	d Avenue			
	hale	6. RACE White	WIDOW	DIVORCED DIVORCED OF BUSINESS OR INDUSTRY	9-3-07	9. AGE (In years lost bigthdoy)	If Under 1 Yr. If Under 24 Manths Doys Haurs Mir		
dane	Machine Machine	warking life, even if retired		e Mfg. Co.	Maryland		USA		
13. [	TATHER'S NA	me es Matula			14. MOTHER'S MAIDEN Antoin	ette Hladky			
		Ever in U. S. Armed F. (If yes, give wor or do		212 03 0713	17. INFORMANT		ownsend Avenue		
	(This does heart failure, injury or con	SE OR CONDITION DE LEADING TO DEATH not mean the mode of asthenio, etc. It mean application which cause ANTECEDENT CAUSE DR CONDITIONS. if	d dying, e.s the disected death.)	(8) Ath	USE ACUTE MY. A CONSEQUENCE OF:		1/2 1/2.		
ATION	(This does heart failure, injury or con DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEA	LEADING TO DEATH not mean the mode of asthenio, etc. It mean nplication which cause ANTECEDENT CAUSE DR CONDITIONS, if e obove cause (A G CONDITION lost.  It can to conditions Control to the condition of the conditions of the co	of dying, e. is the diseout death.)  So ony, giving stolling to the terminal of the terminal o	ng (8) At A he (C)	USE ACUTE MY A CONSEQUENCE OF: 1 CONSEQUENCE OF:		Tiù 1h.		
RTIFICATION	(This does head foilure, injury or con DISEASES rise to the UNDERLYIN OTHER SIGNIT OTHE DEAD DISEASE OR CONTROL OF THE DEAD DISEASE OR CONTROL O	LEADING TO DEATH not mean the mode of asthenio, etc. It mean application which cause antecedent Cause of Conditions, if e obove cause (AG CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACONDITION PROPERTIES TO OPERATION 1798. CO	of dying, e. s the disected death.)  s ony, giving the state of the st	ng (8) At A he (C)		r Noil 20B. IF YES, WEI	Il yrs.  Il yrs.  RE FINDINGS CONSIDERED CAUSES OF DEATH?		
CERTIFICATIO	(This does heard foilure, injury or con DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEADISEASE OR (1904) DATE OF CONTRIB	LEADING TO DEATH not mean the mode of asthenio, etc. It mean application which cause antecedent Cause of Conditions, if e obove cause (AG CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACONDITION PROPERTIES TO OPERATION 1798. CO	of dying, e. s. the diseout death.)  ss ony, giving the state of the s	(8) ATA  Out 10, OR AS  (C)	Crusclentic C A CONSEQUENCE OF:	T No. 208. IF YES, WEI	11 yrs .		
ICAL CERTIFICATIO	(This does heard foilure, injury or con DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEADISEASE OR (1904) DATE OF CONTRIB	LEADING TO DEATH not mean the mode of asthenio, etc. It mean application which cause antecedent Cause of Conditions, if e obove cause (AG CONDITION lost.	of dying, e. is the diseout death.)  Sony, giving the state of the sta	(8) ATA  DUE 10, OR AS  he  (C)	20A. AUTOPSY? (Yes o	T No. 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
MEDICAL CERTIFICATIO	(This does heard foilure, injury or condition of the DEA SES rise to the UNDERLYIN OTHER SIGNITO THE DEA DISEASE OR (19 A. DATE OF THE DEATH (notification) of the DEATH (	LEADING TO DEATH not mean the mode of ashenio, etc. It mean inplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obove cause (A G CONDITION lost.  IL STATEMENT CONDITIONS CONDITION OF CAUSE OF medical examiner)  (Manth) (Doy) (Year that (1) (this hospital last saw the decease of fram the causes store	ony, giving a solution of the terminal of the	(8) ATA  DUE 10, OR AS  the  (C)	20A. AUTOPSY? (Yes o	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  mare City, give exoct locotion)  July 25, 1969		
MEDICAL CERTIFICATIO	(This does heard foilure, injury or condition of the DEA SES rise to the UNDERLYIN OTHER SIGNITO THE DEA DISEASE OR (19 A. DATE OF THE DEATH (notification) of the DEATH (	LEADING TO DEATH  not mean the mode of ashenio, etc. It mean inplication which cause antecedent CAUSE  OR CONDITIONS, if e obove cause (A G CONDITION Iost.)  FICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (IVEN IN PACTION ON THE AUTHOR)  TO PERATION 198. CONDITIONS (IVEN IN PACTION	ony, giving one, sithe disease death.)  ONTRIBUTIN THE TERMINATE (A).  NOTION FORMED  OHOUN 22  OHOUN 22  OHOUN 22	(8) ATA  DUE 10, OR AS  the  (C)	20A. AUTOPSY? (Yes of price of the bidge, linguage of the bidge).  21F. HOW DID  23D. ADDRESS  23D. ADDRESS	INJURY OCCUR?  196 ta d that in (my) (***) coth.	RE FINDINGS CONSIDERED CAUSES OF DEATH?  mare City, give exact location)  July 25, 1969  apinian death accurred an the		



4	2-56:	3	69	774	8 BALTIMORE CITY HE			DEAT		20	2-76-2-7	140
BIS	ITH NO.		MEL	ICAL	EXAMINER'S	JEKTIFI	CATE OF	DEAT	REG. NO	03		48
1.	NAME OF DEC	EASED	ELMER	REIN	IHARDT	2. DATE OF DEATH	Knawn 🗆 Estimated 🗆	Month	Day	Year	Hour	м.
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE	INICED DEAD	Month	Day	Yeor	Hour	
HO	L NAME OF	(IF NO	ESS OR LOCA	AL OR INS	TITUTION, GIVE STREET		UNCED DEAD		31, 1969		9:40	М.
OK	Notivition	609 1	Portlan	d Str	eet	A. STATE	ESIDENCE (When Maryland	e deceased li	ed, il institution: B. COUNTY	residence b	23	0.3
6. :		7. RACE		8. MARE		C. CITY OR			D. INSIDE CIT	Y LIMITS?		
-	Male	*****	ite	WIDOV			Baltimore	2	YE	s 🖟	NO 🗌	
y. 1	DATE OF BIRTI	4	losi birthdo		Months   Days   Hours   Min.	E. STREET	AND NUMBER		1		)	
10	BIRTHPLACE (S	7/	7	7	12. CITIZEN OF	13. FATHER	1701 01iv	re Stre	et (	2123	0)	
11.	Road		ign country)		WHAT COUNTRY?	13. PATREK	11 a line	1				
				14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME		-		
Pon	during most of y	corking life, e	ven Il reiired)	B	Eles Co.		lunon	m				1
16.	WAS DECEAS	ED EVER IN	U.S. ARME	FORCE	3? 17. SOCIAL	IB NFOR	MANT		AD	DRESS	(2123	0).
11.6	NO O unknown)	fit yes, give	wor or dates	OI SELAICE	215-01-0284	Thul	p losen	herg -	610 Nu	hingt	n /3	End.
	19.	2.4	ha		CAUSE OF DEA	тн		0	14 - 14		PROXIMATE IN	
			DITION DIRE	CTLY	Arteriosc	lerotio	cardiova	scular	disease			
	The second second	LEADING T	O DEATH made of dy	lna. e.a	(A) IMMEDIATE	CAUSE AS A CONSEG	HENCE OF					
	heart lailure,	asthenia, et	c. li means the	diseose,	00E 10, 0k	AS A CONSEG	DENCE OF:					
		ITE CED EA III										
	DISEASES	OR CONDIT	IONS, IF AN	, GIVING		AS A CONSE	QUENCE OF:					
	UNDERLYIN	IG CONDI	AUSE (A) STA TION LAST.	TING THE	(c)							
စ်			II		(C/				-			
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CONTRELATED TO	THE TERM	INAL							
ERT	20A. DATE OF	OPERATIO	N 208. COI	NOITION	FOR WHICH OPERATION W	AS PERFORA	NED			21. AUTO	PSY? (Yes o	or No)
_	0										No	
EDICA	22A. EXTERI UNDERLYING UTING CA		VIRIB-		228. PLACE OF INJURY (e.g., home, farm, lactary, streei, olfic	in or obout ( e bldg., eic.)	NJURY OCCUR?	(II In Baltima	re City, give exac	t location)		
Σ	OF INJURY	(Month) (	(Doy) (Yea	r) (Hou	the last the same of the same		2F. HOW DID IN	JURY OCC	UR?			
	(APPROX.)					WHILE WORK						
	23.	ify that I	held an I	ngulry [	Inspection 🛭 Au	tapsy	and that on t	his basis.	death In my	pinion		
			Natural cau		(Accident Suicide		micide 🗌		ned manner	-		
		0:1	1 1	D			CHIEF MEDICAL					
	SIGNATI	JRE (	rand.	J	Jat M.E	ASSI	STANT MEDICAL	EXAMINER	X		DATE SIGN	NED
	EXAMIN NAME (1	ER'S	Charle	s S.	Springate, M.D.		CIATE MEDICAL	EXAMINER	□ Ju	ly 31	, 1969	
24 RF	A. BURIAL CREA	MATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, lawn,	or county)	(Sio	te)
1	Jurea	0	8/2/10	169	Glon Thenen	Come	ten	Dla	chunic	, he	1	
25	5A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS											
	HOR T	1202	Acoparage (	- पव	Ber, M.D.	John	- J. Cows	1 Son	Auc. 90	1.24	llino	It.
VS	151-REV. 1/1/68	3		1 7	0 4 0 1	107	1 0 6		13.	14.7	0.121	223

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VS 151-REV. 1/1/68

W-430 69 7748	BALTIMORE CITY HEA			DEAT	H REG. NO.	69	ריוניי (	///
BIRTH NO.					KEG. NO			-10
1. NAME OF DECEASED (Type or Print)	2. DATE OF	Known 🔀	Month	Doy	Yeor	Hour		
Ella R. Wild	DEATH	Estimoted 🗀	7	29	69	4:55	a.M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE	NICED DEAD	Month	Doy	Yeor	Hour	III N
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL ADDRESS OR LOCATION)	TUTION, GIVE STREET	PRONOU	NCED DEAD	7	29	69	4:55	ам.
St. Agnes Hospi	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY 2005							
	DE NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
white whow		Baltimore YES NO						
	If Under 1 Yr. If Under 24 Hrs.	E. STREET A			YE:		ио 📙	
lost birthdoy)	Months, Doys, Hours, Min.			- 1 - 170 -	21223			
	2. CITIZEN OF	13. FATHER'S	O S. Beni	calowsc	. 21223			
	WHAT COUNTRY?			. 1				
Maryland			hibald J					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY							
Housewife			ma Simmo	nt				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no_orunknown)(If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFORM		500 6		DRESS	01000	
No	None	Asa C	lay Wild	520 S.	Bentalo	w St.	21223	
19.	CAUSE OF DEAT	TH					PROXIMATE IN	
DISTACT OF CONDITION DIRECTLY							EEIN ONSEL AL	O DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			ic cardio	vascula	ar disea	se		
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQU	IENCE OF:					
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUL 10, OK 2	AS A CONSEQU	DENCE OF.					
mjory or complication which coosed deality								
ANTECEDENT CAUSES	(8)							
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQ	UENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(a)							
8	(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG							
O THE DEATH BUT NOT RELATED TO THE TERMIN								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OP WHICH OBERATION WA	S DEDECTAL	ED.			21 AUTO	PSY? (Yes o	r No.
O A STATE OF OF ENAMENT	OK WINCH OF EKANOR WA	15 PERFORM				no	1311 (	1107
₹ 22A. EXTERNAL CAUSE WAS 12	OR BLACE OF INITIDAY	1l 1 22	C WHERE DID	/1/ · 0 · (a)	. 614	11		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	e bldg., etc.) IN	JURY OCCUR?	(it in sommor	e Ciry, give exoc	r locorion)		
22D. TIME (Month) (Doy) (Year) (Hour)			F. HOW DID IN	JURY OCCL	IR?			
(APPROX)	m. WHILE AT NOT	WHILE						
23.	A	0						
I certify that I held on Inquiry	Inspection 🛣 Aut	topsy 🗌	ond that on	this bosis,	deoth in my	pinion		
resulted from: Notural causes	Accident Suicid	le 🗍 Hai	micide 🗌	Undeternir	ned monner	7		
1/1/1			HIEF MEDICAL					
ACTUAL WILLIAM	M						DATE SIGN	1ED
SIGNATURE WY/WWW	M.D	AS 515	TANT MEDICAL	EXAMINER				
EXAMINER'S Warner II Smit	Z M D D		CIATE MEDICAL		om in on		7/20/6	0
NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 7/29/69  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)								
REMOVAL (Specify)								
Burial 8-1-69	Cedar Hill Cer	metery	R	tchie	Hwy. Ann	e Aru	ndel M	id.
	ME OF REGISTRAR	25C. F	UNERAL DIREC	TOR	AD	DRESS		
AUG 1 1969 Table & Jack	Howard H. Hubbard 4107 Wilkens Ave. 2122				2122			

경험소 - 당원하나 나 보다 50 67 BENT 1874 A. 3. TO SEE THE SECTION OF BLOOM STORY OF A STANDARD DEL Toografie and Examination

approved

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO of death Deceased 1. NAME OF DECEASED Non-(Type or Print) COBURN. 7/29/69 Thomas 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Seam couse, (5) Maryland Anne Arundle IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION attende use; C. CITY OR TOWN D INSIDE CITY LIMITS? Millersville YES prior ing Cau (4) Undetermined car was in regulate at E. STREET AND NUMBER The Johns Hopkins Hospital 878 Oakdale Circle 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys MARRIED NEVER MARRIED Male White WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of workhop, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (4) Under done during most of working life, even if retired) Terminal Manager Eazor Express Maryland 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Thomas Coburn , Sr. Pearl Stricker death Lo 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no ar unknown) (If yes, give war at dates of service) 17. INFORMANT Millersville, Md. 6. SOCIAL final SECURITY NO. attendance WWII Yes 220-18-7167 Dorothy B. Coburn 878 Oakdale Circle, 21108 CAUSE OF DEATH OF DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: mbalı heart failure, osthenia, alc. It means the disease, 5 injury or camplication which coused death.) 5 ANTECEDENT CAUSES who 0 DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the physician UNDERLYING CONDITION last remains MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPST? IYes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the NO fore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, foctory, street, affica bldg., INJURY OCCUR? 3 919 (If In Boltimore City, give exact location) hospital °Z MEDICAL DEATH (notify medical examined) any nature; ¥ X obtained (Month! (Day! (Tear) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except (APPROX) pub to the -July 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on. and that in (my) (our) opinion death accurred on the date eath) hospital must and hour god from the causes stoted above. (1) (We) (did) (did not) view the body ofter death. accident 23A. SIGNATURE 23 B. DATE SIGNED O Attending Med. Director Med. 10 pproval 0 23 C. PHTSICIAN'S NAME IType 23D. ADDRESS prior at An Dale N. Schumacher, The Johns Hopkins Hospital DEGREE 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERT OF CREMATORY pespese 24D. LOCATION Ö (City, town, or county) REMOVAL (Specify) 8-1-69 Baltimore National Cemetery Baltimore, Maryland Burial SID 258 NAME OF REGISTRAR 25A. DATE REC'D BT HEALTH DEPT. 25C. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 3 0 VS 150-REV. 1/1/68

2:42

NO

If Under 24 Hrs.

21108

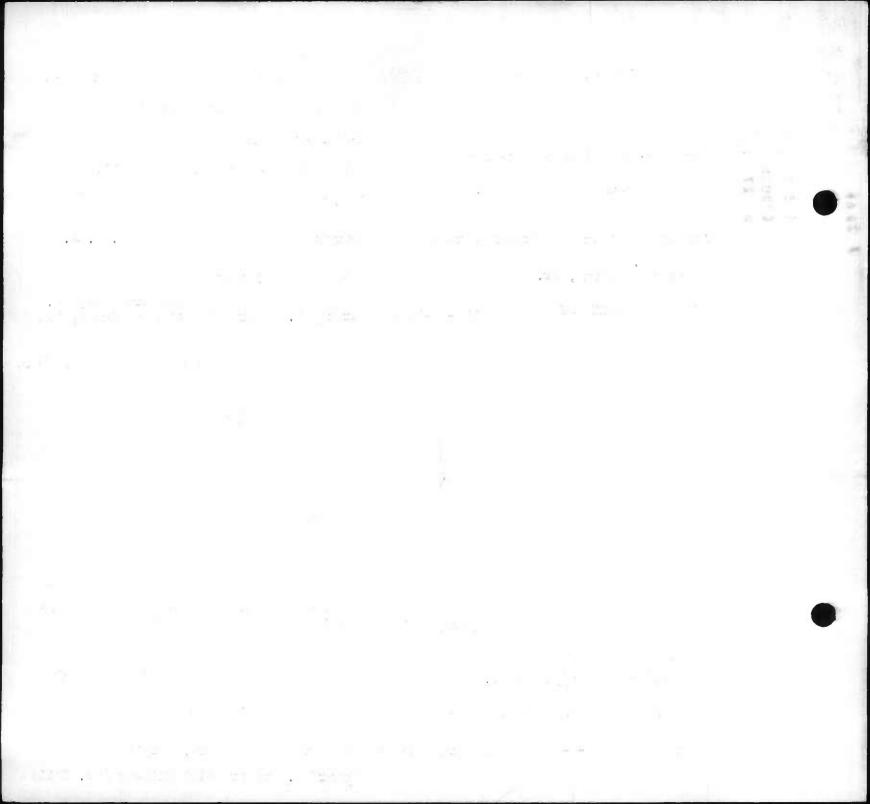
U. S. A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

houth

(State)



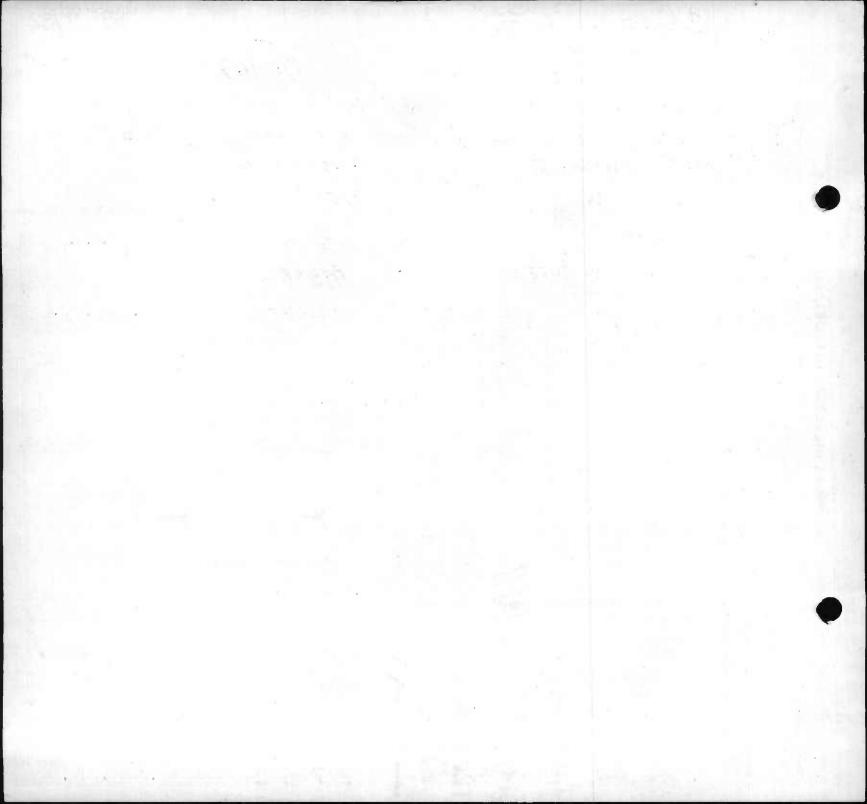
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.  1. NAME OF DECEASED (Type or Print)  1. DOD 5  1. ODD 5							
1, NAME OF DECEASED (Type or Print)  2, DATE AND HOUR OF DEATH							
The property of the state of th							
TODD E. GUSTAFSON 7-30-69 8:15 P							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before and a state B. COUNTY	M. nission)						
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET MARYLAND	1						
C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE VESTY NOT							
JOHNS HOPKINS HOSPITAL    BALTIFORE   YES   NO							
1525 ROUNDHILL ROAD							
* MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   II Under ) You I Under	4 Hrs.						
MALE   WHITE   WIDOWED    DIVORCED    (1_18_6)   D	Min.						
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or fareign country)  12. CITIZEN OF WHAT CO	UNTRY?						
7070							
13. FATHER'S NAME MASSACHUSETTES USA							
EMIL GUSTAFSON  CHARLOTTE WHARTON  15. Wes Deceased Eyer in U. S. Anned Forces?   16. SOCIAL   17. INFORMANT							
SECURITY NO.	3						
Rev. Emil Gustafson, 1525 Roundhill Rd. Bal	to.M						
APPROXIMATE INTE	RYAL DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ROLL OF TO SOLUTION DIRECTLY  ROLL OF TO SOLUTION DIRECTLY	10						
(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. it means the disease,	13						
injury ar camplication which coused death.)							
ANTECEDENT CAUSES (S) HORATE & PULL SO SCOOL	15						
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) stoting the UNDERLYING CONDITION tost. (C)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	D Christophy						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED  200A. AUTOPSY? (Tos or No) 200B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (ii in Boltimore City, give exact location)							
OF INJURY  OF APPROX.)  (Month) (Doy) (Teoil (Houd) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While A!   Not While							
Work L. At Work L.							
22. I certify that (I) (this hospital) attended the deceosed from 7 2 19 6 to 7/30 19	77						
that (i) (we) lost sow the deceased alive on 196 and that in (my) (our) opinion death occurred on the							
and hour and from the couses stated abave. (1) (We) (did) (did not) view the body ofter death.							
23A, SIGN AFURE							
Ve Cherney OF OFFIF Phys. Director Phys. Staff D 7/30/6	7						
23C. PHYSICIAN'S NAME (Typel) R. W. CHESNEY							
JOHNS HOPKINS HOSPITAL							
24A- BURIAL CREMATION. 124R. DATE DAG NAME - CRAMENT							
REMOVAL (Specify)	10						
Burial 8/2/69 Moreland Memorial Park Parkville, Maryland							
ALIC 1 1960 D. ADDRESS							
Wilzko, 4191 Edmondson Ave. Balto., Md.21	229						

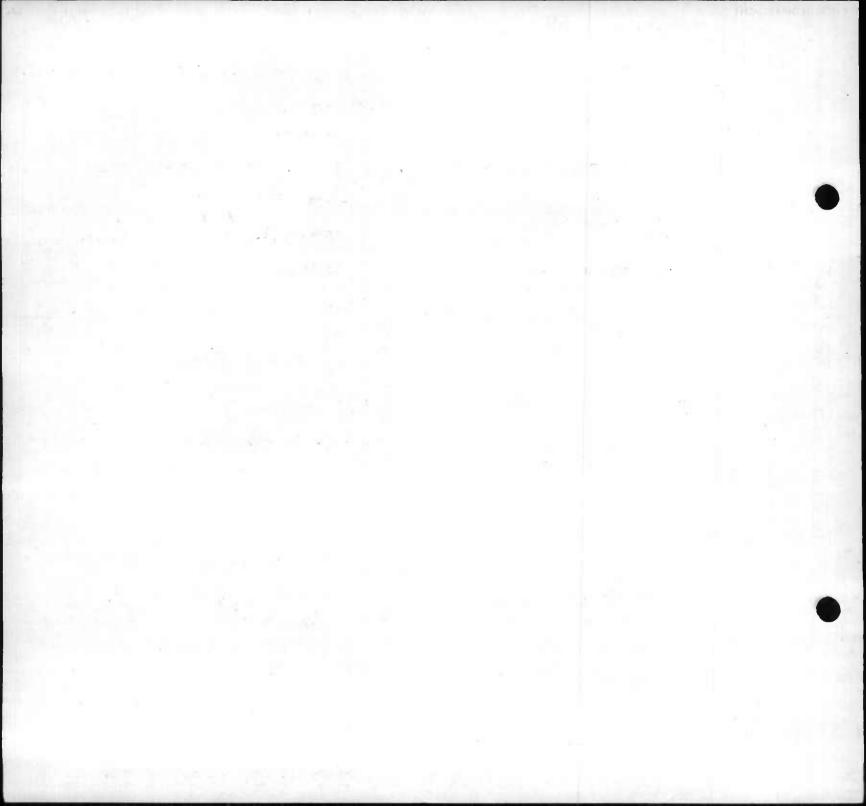
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1	BALTIMORE CITY	Y HEALTH DEPARTMENT				
f death eceased on the h. Such	BIRTH NO. 5-360 69 7752 CERTIFICA	ATE OF DEATH REG. NO. 69 7752				
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	(Type or Print) MARTIN C. SUTER	7/30/69 PM 21.15 PM				
ath ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
e 1 5	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. 21229 2541				
0 0 0 0	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
c 34.	BON SECOUR HUSPITAL	BALTIMORE YES NO				
ting d ca d ca d ca d ca d ca	BALTO, É PULASKI ST.	4300 PARKTON ST.				
bu ne ne de	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Under 24 Hrs. Months; Doys Hours Min.				
mimimim mines	WIDOWED DIVORCED	3/5/15 54				
0 0 - 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPEACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY				
or condet ndet s in deco	BAKER Double T Diner	Maryland U.S.A.				
D D D O S	13. FATHER'S NAME	Maryland U.S.A.  14. MOTHER'S MAIDEN NAME				
+ E > E = S	CHARLES W. SUTER	BOWERS.				
stan dind; leath se or	15. Was Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown)   (If yes, give wor or doles of service)   SECURITY NO.	17. INFORMANT ADDRESS				
	no 216-07-2170	Helen Suter, 4300 Parkton St. Balto., Md. 21229				
B = C p p L	18. 4 9 1 CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
his so, of a unc ten	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Oard a a				
Als nou att	(This does not mean the made of dying, e.g., OUF TO OR AS	A CONSEQUENCE OF:				
ctu oro or ba	heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)					
fra o o gul	ANTECEDENT CAUSES	LE WE				
xami xami y A fr who r reg	on containing in any, giring	S A CONSEQUENCE OF:				
(3) ex	rise to the above cause (A) stating the UNDERLYING CONDITION last.	200				
ical S; Icio as as						
ediced surr	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
P K E	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED				
Bod Bod Phe Phe Sic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
by by	OR CONTRIBUTING CAUSE OF	in or obout 21.C. WHERE DID (If In Baltimare City, give exoct location)				
rath her No R	DEATH (notify medical examiner)					
9 9 7 7 9	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?				
> L W TI FI	(APPROX.) While At Not While At Work At Work	10 7/2				
S S X E to	22. I certify that (I) (this hospital) attended the deceased/from	190 to 196				
00000	that (I) (we) last sow the deceased alive on	19 69 and that in(my) (our) opinion death accurred an the date				
	and hour and from the causes stated above. (1) (We) (did) (did nat)	view the body after death.				
dent dent ospit dent must	23A. SJGNATURE	23R DATE SIGNED				
must be eleased ccident a hospite to deatl	M. D. OEGREE Phy					
	23C.PHYSICIAN'S NAME (Type)	7935 P. PERB PATH Lew Grenwin and				
P P P P	24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CR					
	REMOVAL (Specify)					
~ > ~ +	Burial 8/2/69 Lakeview Cemete: 25A. DATE REC'D BY HEALTH DEET. 25B. NAME OF REGISTRAR	ry Maryland ADDRESS ADDRESS				
he ho		123C. FUNERAL DIRECTOR ADDRESS				

DINGS CONSIDERED ity, give exoct location) on deoth accurred an the dote B. DATE SIGNED town, or county) (Stote) and ADDRESS Balto., Md.21229 VS 150-REV. 1/1/6B

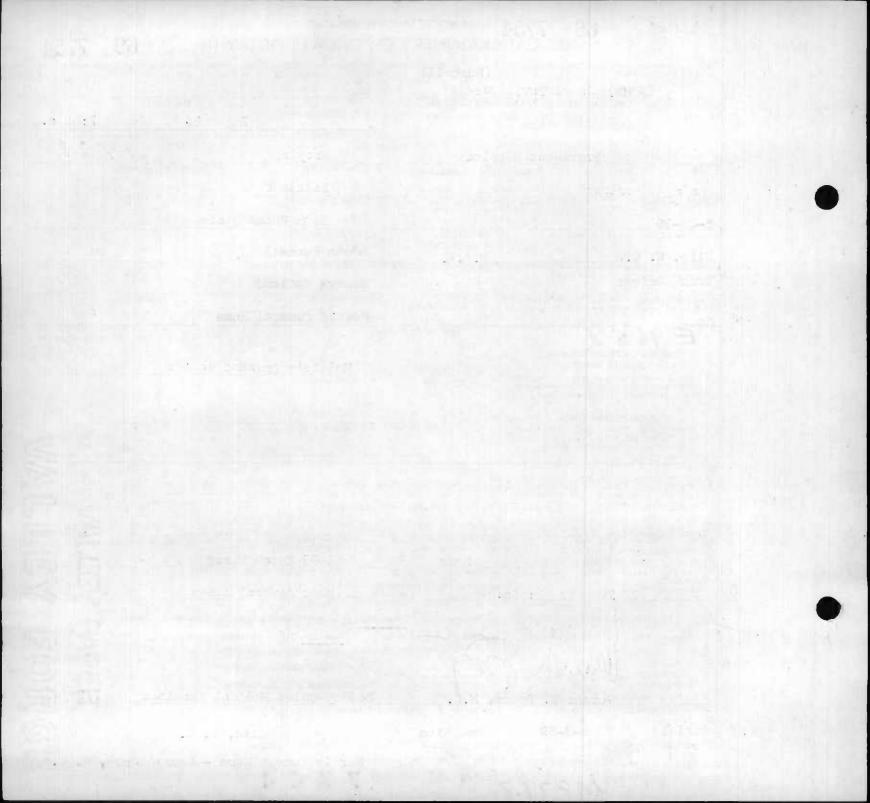


4	-600	69 775	CERTIFICA	ATE OF DEAT	H REG. NO	69 7753
I.NA	ME OF DECEASED or Print)			2. DA1	E AND HOUR OF DEAT	Н
	PERRY, E			Jı	uly 30, 1969	11:30 PA
	NAME OF (IF NOT II			4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived, If	institution: residence befare admission
HOSP	PITAL OR ADDRESS	OR LOCATION)	ITUTION, GIVE STREET	C. CITY OR TOWN		YES NO
70	)			Baltimore E. STREET AND NUMB		TES [] NO [
Bo.	lton Hill Nurs	ing & Conval	lescent Ctr.	1714 W. 1	Presbury Stre	et 21217
5. SE)			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
	F	WIDOWE	,100-0	2-3-14	55	
	SUAL OCCUPATION (Give it		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote o	r fareign country)	12. CITIZEN OF WHAT COUNTRY
	ousewife			Richmond	Virg <b>2</b> hia	U.S.A.
13. FA	THER'S NAME			14. MOTHER'S MAIDEN		
1	Robert Amekson	Johnson		Addie Joh	nson	
S. W	as Deceased Ever in U.S., to ar unknown) (If yes, give v	Armed Forces? vor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			215-16-9050	Daniel Johr	son - 2404 Ga	arrison Blvd.
11			CAUSE OF DEA			APPROXIMATE INTERVAL
C ri	njury ar camplication whic ANTECEDENT DISEASES OR CONDITIC ise to the above co JNDERLYING CONDITION	CAUSES ONS, if any, givin use (A) stating th		eline dege trusclistes	sentin Part draw	year yes
FIT	11 OTHER SIGNIFICANT CONDIT O THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	ATED TO THE TERMINA	3	turdens	gereology	yews
		198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
0 2	TA. ACCIDENT WAS UNDI OR CONTRIBUTING CAUS DEATH (notify medical exami		1B. PLACE OF INJURY (e.g. ame, farm, factary, street, tc.)	, in or about 21C. WHERE D affice bldg., INJURY OCCL	ID (If in Boltim	nore City, give exact location
2	ID. TIME (Manth) (Do		E. INJURY OCCURRED		D INJURY OCCUR?	
	APPROX.)		Vhile At Not W			/
2	2. 1 certify that (1) (this	haspital) attended	the deceased fram	4/14	1969 ta	7/30 1969
	hat (I) (we) last saw the		-11-	30 19 60 a	nd that in(my) (aur) a	plnian death accurred an the da
- 1	nd haur and from the ca		//-	/		
	3A. SIGNATURE		(1) (110) (111)	110 0007 01101 00		23B. DATE SIGNED
	an	manh	~ D	ttending Med. Nonestor	Staff Phys.	7/3//14
2:	C.PHYSICIAN'S NAME (Type)	AN H	MACHT MD	23D. ADDRESS		BUST AND 211
	BURIAL CREMATION, 248.	DATE 24C.	NAME of CEMETERY OF C	REMATORY 2	4D. LOCATION	(City, town, or county) (State)
-	rial (Specify)	<b>-4-69</b>	Arbutus Memori	al Park	Baltimore, N	Maryland
	DATE REC'D BY HEALTH C		OF REGISTRAR	2SC. FUNERAL DIRE	CTOR	ison Ave.
200	00 T 1000 00			CHETTED IV	Law OUZ Mad.	AUVEZ STATE
40.11	0-REV. 1/1/6B					



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1.77	(,	JOHN)	James I	Davis	Purcel1	DEATH	Estimated						М.
4. [					NOUNCED DEAD	3. DATE		Ма	nth	Day	Year	Haur	
FUL	L NAME OF	(IF NO	OT IN HOSPITAL	ORINSTI	TUTION, GIVE STREET	PRONOU	NCED DEAD	7	2	6	69	7.09	
HO	SPITAL INSTITUTION	ADDR	RESS OR LOCAT	10 N)				- /	_			7:08 a.	Μ.
OK	7 6					A. STATE	SIDENCE (A	Vhere dece		t institution OUNTY	n: residence	before admission)	
	37		Provider	t Hos	spital		Marylan	bo	В. С	DOINT	15	101	
6. 9	SEX	7. RACE			D NEVER MARRIED	C. CITY OR		-	ID. I	NSIDE CI	TY LIMITS?		_
	male	colo	red	WIDOW	ED L DIVORCED L		Baltimo	ore		YE	ES	NO L	
9. [	DATE OF BIRT	Н	10.AGE (In		If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBE	R					
-			last birthday	,	Manths Days Hours Min.		1405 Et	tor.	D1200				
	-22-39 BIRTHPLACE (S	1-1	1	30	2. CITIZEN OF	13. FATHER'		uLaw .	Lace				_
11.	BIKIHPLACE (	ilale ar tare	ign country)	- '	WHAT COUNTRY?								
C	lio. N.	C.				John	Purce.	11					
14A	USUAL OCCU	PATION (G	ive kind of work 1	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN	NAME					
don	during most of w	vorking life, e	even itretired)			Gener	a Esta	and					
	Wild DECEAS	ED EVED IN	LALC ADMED	FORCEC	117 505(4)			di id		A1	DDDECC		_
(Yes	WAS DECEAS	(If yes, give	war ar dates a	f service)	17. SOCIAL SECURITY NO.	18. INFORM				AL	DDRESS		
	0			,		Morri	s Fune	ral H	ome				
	19.	1 00			CAUSE OF DEA	TH						PPROXIMATE INTERVA	
	- 7	60.1	1								BETV	VEEN ONSET AND DEA	ATH
	DISEAS	E OR CON	DITION DIREC	TLY									
		LEADING T	O DEATH		(A)IMMEDIATE C	AUSE Mul	tiple	gunsh	ot wou	nds			
			e mode of dyi		DUE TO, OR A	S A CONSEQ	JENCE OF:	~					
			tc. It means the nich caused dear										
	1A	NTECEDEN	T CAUSES		(B)								
	DISEASES	OR CONDIT	TIONS, IF ANY,	GIVING	DUE TO, OR	AS A CONSEC	WENCE OF:						
			AUSE (A) STATI	NG THE									
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	d											yes	
CAL		NAL CAUS		2	2B. PLACE OF INJURY (e.g.,	in ar about 2:	C. WHERE	OID (If in B	Baltimare Cit	y, give exc	act location)		
EDIC	UNDERLYING			1	ome, farm, factory, street, affice		1405 Eu		1000	14	01		
ME	UTING L CA			/Have	home		2F. HOW DIE				0/		-
-	OF INJURY	(Mullin)	(Day) (Year)	(Haur	WALLE AT	Maine 1	LI. HOW DIL	) IIAJOKI	OCCOK!				
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	result	ted trom:	Notural cous	es L	Accident	e L Ho	micide X	Unde	etermined	manner [			
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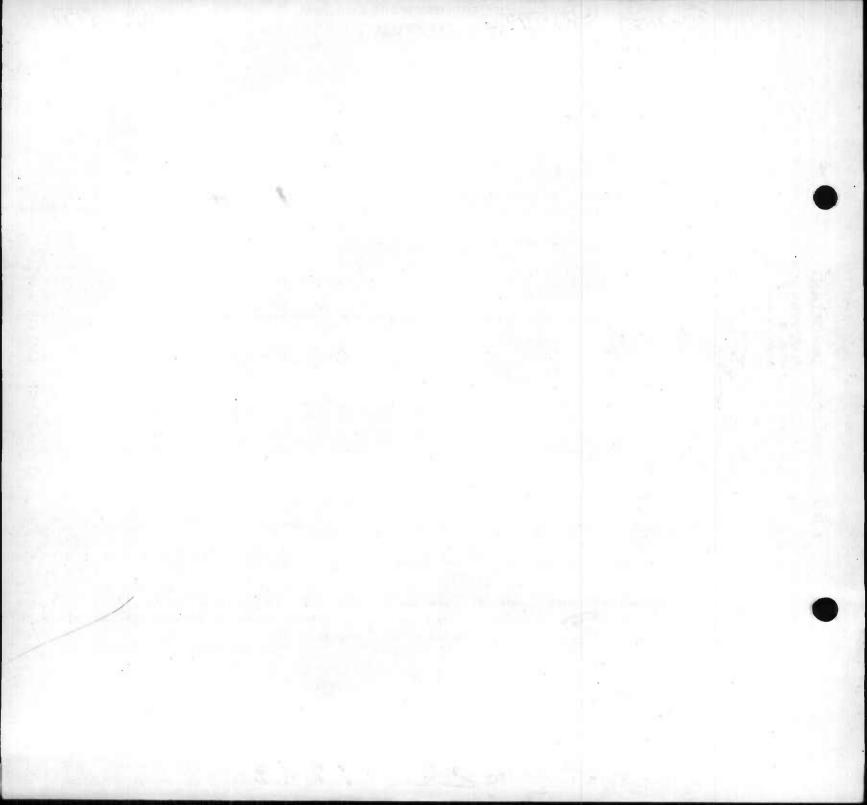
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MEDICAL CERTIFICA	DISEASES OR CONDITION  rise to the above con  UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDION  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  21D. TIME (Month) (Date of Injury  (APPROX.)  22, I certify that (I) (this that (i) (we) lost sow the ond hour and from the caus  23A. SIGNATORE  23C. PHYSICIAN'S  NAME (Type)  3. BURIAL CREMATION, 124B.  REMOVAL (Specify)	NS, if an use (A) s lost.  IONS CONTAITED TO THE EN IN PART: 198. CONDIWAS PERFORMATE  WAS PERFORMATE  hospital)  deceosed  uses stoted  WORTH	IRIBUTING TERMINAL 1 (A). TION FOR WIRMED  218. hom.etc.) (Hour) 21E. Whill Ward attended the	PLACE OF INJURY (e.g., farm, foctory, street,  INJURY OCCURRED  Le At At Wa At Wa At Wa  Te deceased fram  Te 22  M.D.  DEGREE	20 A. AUTOPSY? (Yes NO, in ar about 21 C. WHERE C office bldg., INJURY OCCU.)  21 F. HOW DI hile	208. IF YE IN CERTIFORM (IF JR? (IF JR. (IF JR	(Our) opinion	30- In death occurr B. DATE SIGNED 7-30-69	ation)  19 ed on th
MEDICAL CERTIFICA	DISEASES OR CONDITION  Tise to the above con  UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  21D. TIME (Month) (Date of Injury  (APPROX.)  22. I certify that (I) (this that (i) (we) lost sow the ond hour and from the caus  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B.  REMOVAL (Specify)	NS, if an use (A) s lost.  IONS CONTATED TO THE EN IN PART:  198. CONDIWAS PERFO  WAS PERFO  WORTH  DATE  4 6	IRIBUTING TERMINAL 1 (A).  TON FOR W RMED  21E. Whill Warl  attended the olive on	PLACE OF INJURY (e.g. e, form, foctory, street, INJURY OCCURRED le A1 A1 Wa he deceosed fram 7-22- ) (We) (did) (did not) DEGREE P	20A. AUTOPSY? (Yes NO in ar about 21C. WHERE E INJURY OCCI INJURY OCCI 21F. HOW DI 21F	208. IF YE IN CERTIFY	Relatimore Cit	ings consider of pearth?  Ity, give exact local actions of pearth?  30- 1 deoth occurr  7-30-69  21218  awn, or caunty)  HAVA	ation)  19 ed on the
MEDICAL CERTIFICA	DISEASES OR CONDITION  rise to the above con  UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDION  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  21D. TIME (Month) (Date of Injury  (APPROX.)  22, I certify that (I) (this that (i) (we) lost sow the ond hour and from the caus  23A. SIGNATORE  23C. PHYSICIAN'S  NAME (Type)  3. BURIAL CREMATION, 124B.  REMOVAL (Specify)	NS, if an use (A) s lost.  IONS CONTATED TO THE EN IN PART:  198. CONDIWAS PERFO  WAS PERFO  WORTH  DATE  4 6	IRIBUTING TERMINAL 1 (A).  TON FOR W RMED  21E. Whill Warl  attended the olive on	PLACE OF INJURY (e.g., farm, foctory, street,  INJURY OCCURRED  Le At At Wa At Wa At Wa  Te deceased fram  Te 22  M.D.  DEGREE	20A. AUTOPSY? (Yes NO ., in ar about 21C. WHERE E INJURY OCCI 21F. HOW DI hile 19.59 21F. HOW DI wiew the body ofter de thending Med. Director 23D. ADDRESS 2431	208. IF YE IN CERTIFY	(Our) opinion	30- In death occurr B. DATE SIGNED 7-30-69	ation)  19 ed on the
WEDICAL CERTIFICA	DISEASES OR CONDITION  Tise to the above con  UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  21D. TIME (Month) (Date of Injury  (APPROX.)  22. I certify that (I) (this that (i) (we) lost sow the ond hour and from the caus  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B.  REMOVAL (Specify)	NS, if an use (A) s lost.  IONS CONTATED TO THE EN IN PART:  198. CONDIWAS PERFO  WAS PERFO  WORTH  DATE  4 6	IRIBUTING TERMINAL 1 (A).  TON FOR W RMED  21E. Whill Warl  attended the olive on	PLACE OF INJURY (e.g. e, form, foctory, street, INJURY OCCURRED le A1 A1 Wa he deceosed fram 7-22- ) (We) (did) (did not) DEGREE P	20A. AUTOPSY? (Yes NO in ar about 21C. WHERE E INJURY OCCI INJURY OCCI 21F. HOW DI 21F	208. IF YE IN CERTIFY	(Our) opinion	ings consider of pearth?  Ity, give exact local actions of pearth?  30- 1 deoth occurr  7-30-69  21218  awn, or caunty)  HAVA	ation)  19 ed on th

For even - historia dalungav-oscesso slaorefes 0 . 22 . To fore dee . Diffure dief piens 7-20- 69 5-3. SLESHORDH SOCE M.F. Series Northand avo.

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

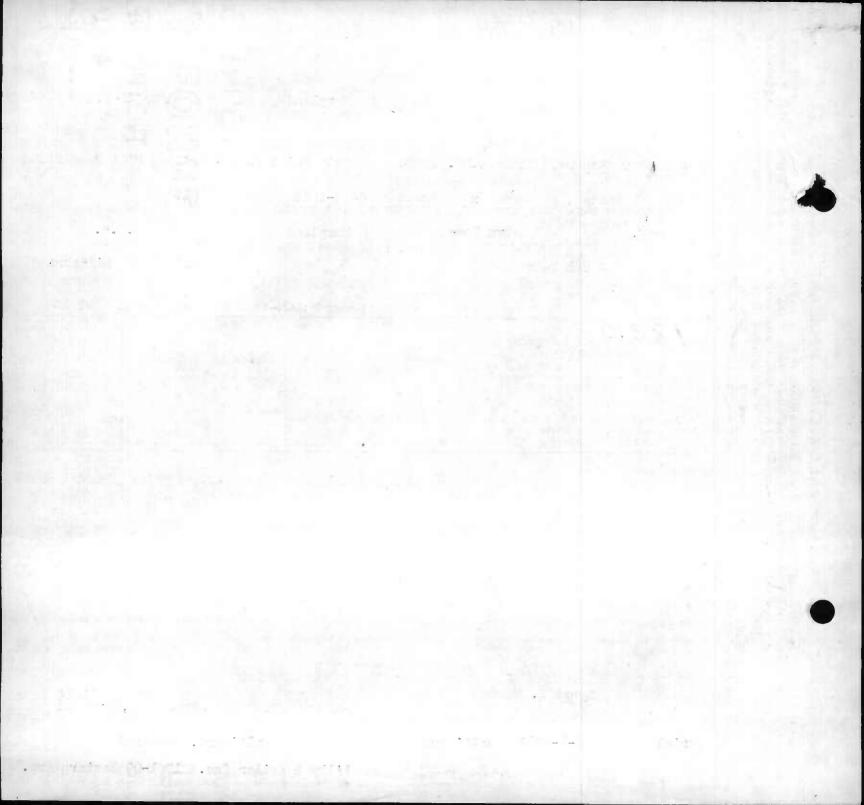
111 00 minus	BALTIMORE CITY	HEALTH DEPARTMENT		כס ששקדים
0-416 69 775	CERTIFICA	TE OF DEATH	REG. NO.	69 7757.
BIRTH NO.  1. NAME OF DECEASED			HOUR OF DEATH	
(Tour or Brief)	ORA	7/3	11	-041
ONIVO			101	ution residence before odmission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE 8. COUNT		unon: residence delore damission
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MD		1601
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
1/		BALTIMORE	Y	ES NO
16		E. STREET AND NUMBER		Terminal Self-Self-Self-Self-Self-Self-Self-Self-
LUTHERAN HOSPITA.	L	2914 c RZ-1	MONT AV.	E
SEX 6. RACE 7. MARK	HED NEVER MARRIED			f Under 1 Yr. If Under 24 Hrs.
F NEGRO WIDON			ost birthday!	Aonths Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KINI	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		101	, , ,	17 ( )
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	01914	U. 3 A.
A: C	1	O I I		1
Altred Sho	ats	Charlot	e ShoA	+5
. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	Mrs A. JACKSOI	100 -11	) SAME
NO.			~ ( Dangeler	
18.433.9	CAUSE OF DEAT	н		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		2- 1-	2 1	
LEADING TO DEATH	(A) IMMEDIATE CAL	15E Kelsperator	y failing	
(This does not meon the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	/ ()	
injury ar camplication which coused death.)		- 0	, -	1
ANTECEDENT CAUSES	() R	anglum Yn	eurone	1
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	ennone sombosis)	
rise to the abave cause (A) sloting	viii g	C. P. = 0 IT	am. lusi	
UNDERLYING CONDITION last.	(c) C V 7	( circuit "	20,000	/
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO THE TERMIT    DISEASE OR CONDITION GIVEN IN PART 1 (A).	4AL			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED			IIA CERIIFIING CAUSE	13 OF DEMINE
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Sottimore C	City, give exoct tocotion)
21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work Not While At Wark	e		
22 1		7 7 7 7 7	9 69 10 7	130 1969
22. I certify that (I) (this hospital) attend	1 - 0 /		/	- /
that (I) (we) last saw the deceased alive	on 7/30/	19 69 and tha	t in (my) (our) opinlo	on death occurred on the do
and hour and from the copies stated above	e. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE			23	B. DATE SIGNED
tolum.			Staff	7/20/69
22C BHYCICIANE	DEGREE Phy		Phys. 🗀	17-1-1
23C. PHYSICIAN'S NAME (Type) KY1 KY1	LWIN	23D. ADDRESS		,
4A. BURIAL CREMATION, 24B. DAJE / 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
REMOVAL (Specify)	11 1 1 11		/ /	211
BURIAL 8/2/69	Hrbatus Me		rbutus	/TATY/AND
SA. DATE REC'D 8Y HEALTH DEPT. 25B. NA.		25C. FUNERAL DIRECTOR	12.11	ADDRESS
AUG 1 1969 Pabet E. St	aber M.DO 17	1 TOBONIE TO	12+++++1. /	201 LAUKENS.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death of arred in a hospital and
the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

M-635 69	BALTIMORE CIT	Y HEALTH DEPARTMENT	69 7758
BIRTH NO.	7758 CERTIFICA	ATE OF DEATH	
1. NAME OF DECEASED BERTH	A MARTIN	2. DATE AND HOUR OF DEATH	910 A M.
3. PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTITUTION, GIVE STREET	Maryland	Baltimore 5300
INSTITUTION	47	C. CITY OR TOWN	SIDE CITY LIMITS?
31 Balto. City	Hosps.	E. STREET AND NUMBER	
4940 Eastern Avenue, Ba	altimore, Md. 21224	North Point Road & Rolli	
s. sex 6. RACE Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 6-26-1884  9. AGE (In years lost birthday) 85	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of worldone during most of working lite, even if relired) Housewife		Y 11. BIRTHPLACE (State or foreign country)  Maryland	U.S.A.
13. FATHER'S NAME  Jacob Be	tz	14. MOTHER'S MAIDEN NAME Eliz	abeth Hildabrand
15. Was Deceased Ever in U. S. Armed Fo. (Yes, no or unknown) (If yes, give wor or dote	orces?  les of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
193,110 of Bushowill Hi yes, give wor of doll	SECURITINO.	Records: BCH-4940 Eastern	Avenue 21224
Injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS COND	ONTRIBUTING THE TERMINAL	s a consequence of: tdown, Jm. neg. Septicen	/
19A. DATE OF OPERATION 19B. COM	NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	ore City, give exact location)
ZID.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	21E. INJURY OCCURRED While A1 Not Will Work		
22. I certify that (1) (this hospito that (1) (we) lost sow the deceos	ot) ottended the deceased from		plnion death occurred on the dote
23A. SIGNATURE S.	Alaska Ala	thending Med. Staff Phys.	23B. DATE SIGNED 7/31/69
23C. PHYSICIAN'S Lynne I	VEEFE DEGRE		imore, Maryland
24A. BURIAL CREMATION, REMOVAL (Specify) 8-4-19	969 Baltimore	Baltimore, Ma	
AUG 1 1969 Pales	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR Lilly & Zeider Inc. 19	201-07 Eastern Ave.

VS 150-REV. 1/1/68

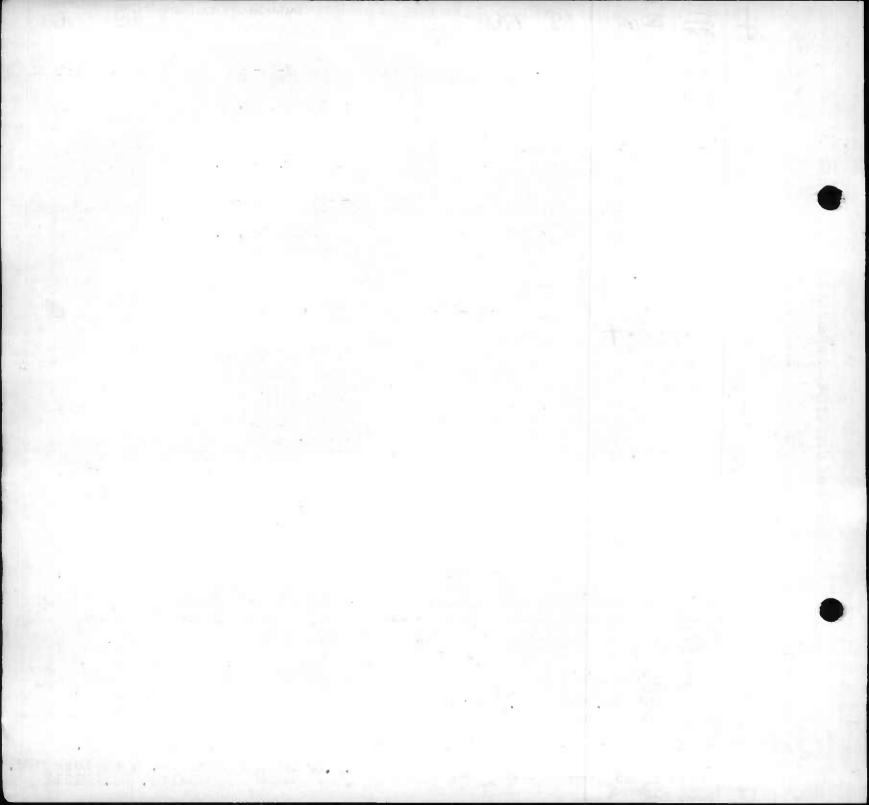


	Separate Sep	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

69 7759	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO. 59 7759
1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH
(Type or Print) Zeynzozz M	rs. Helesa	July 31	,1969 12:40 A.M
3. PLACE IN BALTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de	ceosed lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	XXXXXXXXXXX	Connecticut //-06
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN Westpon	
	0.10	EXEXXXXXXXX	YES NO
91 Keswi	K	E. STREET AND NUMBER	the Soundview Drive
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KHXXXX KKXXX
Female White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. A lost	GE (In yeors birthdoy)  Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	
NONE		Hew York	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Christian Kum			ockhausen
15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) (If yes, give wor or date:		Helen E. F	reau, P.n Leswie k
18.1 1 0 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY Office	relambie Cant	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CELLO	2000 0000 1/2 clay o
(This does not meen the mode of heart failure, asthenia, etc. It means	the diseose,	A CONSEQUENCE OF:	
injury or complication which coused	deoth.)	1 11 1	7
ANTECEDENT CAUSES	(B) K, (e)	teral Heurs	18gia 13814 yes
DISEASES OR CONDITIONS, if		A CONSEQUENCE OF:	,
UNDERLYING CONDITION lost.	(C)		
II.		·	
O OTHER SIGNIFICANT CONDITIONS CON			
DISEASE OR CONDITION GIVEN IN PART	1 (A).		
19A-DATE OF OPERATION 19B. CON WAS PERF	ORMED	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	fice bldg., INJURY OCCUR?	(If In Boltimore City, give exoct location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
OF INJURY (APPROX.)	While At Not While Work At Work	е	
22. I certify that (I) (this haspital		3 3 5AN 19 5	1 to 31 July 1969
	2 2 - 1		
that (I) (we) last saw the decease			n(my) (aur) ppinlan death accurred an the date
and haur and fram the causes stat	ed abave (1) (We) (did) (did nat)	iew the bady after death.	
23A SIGNATURE	1	anding Med. Staff	23 B. DATE SIGNED
leekeex d. h.	r London Hed DEGREE Phy	s. Med. Staff Staff Director Phys	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Aubrey D. Richard	Ison, M.D. DEGREE	700 W. 40th S	Street 21211
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		
Burial 8/1/69	Ferncliff Cemet	erv Harts	dale, New York
	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 1 1969 Vales	& E. Saller M.D. ()	~ *2 *7 4	a Co.108 W.North ave.(1)
VS 150-REV. 1/1/6B		Duchat C of Mowe	m costoo menoton ases(x)

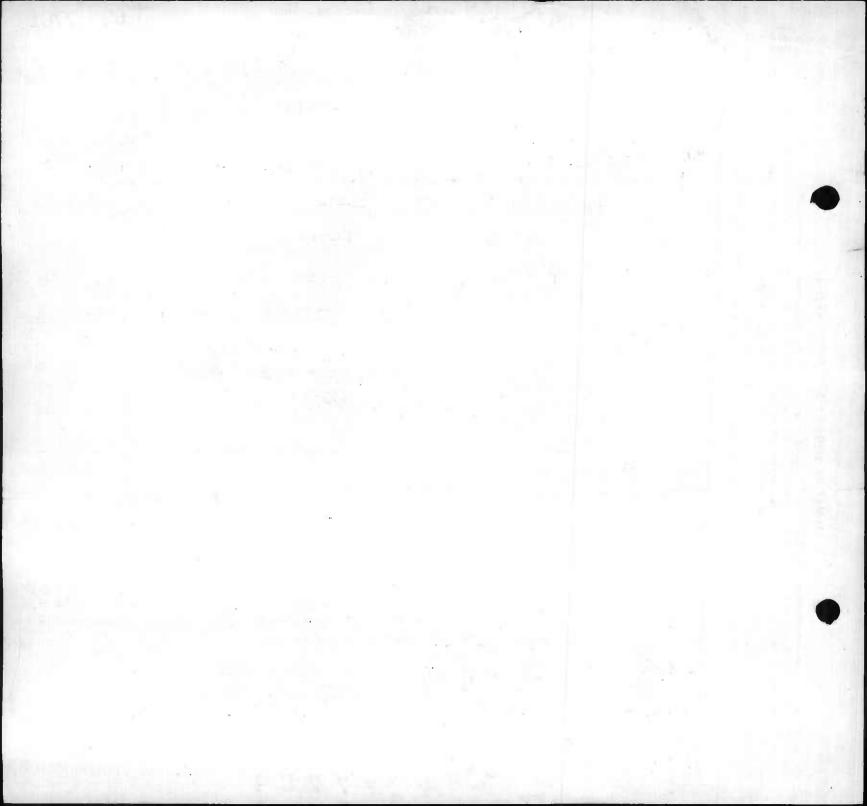
STATISTICS 100 N 400 DECK Thew Hors. Laminton Montained The state of the state of the state of

	AME OF DE	CEASED			2. DA1	E AND HOUR OF DEAT	TH	
Тур	e ar Print)	ROBY N	M. STOLL		7-	31-69		1:20A
3. P	LACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived, If	institution: resider	nce before admis
FUL	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	BALTIMORE		/	206
HO	SPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		VSIDE CITY LIMITS	?
					BALTIMOR	E	YES 🗶	NO 🗌
JE	enkins i	TEMORIAL HOSPI	ITAL		E. STREET AND NUMB			
					2838 ST.			
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y. Manths: Day:	r. If Under 24 s Haurs M
	न	W	WIDOWED	DIVORCED _	11-8-80	88		
		UPATION (Give kind of world	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN	OF WHAT COU
one		working life, even if retired) SEWIFE	OWN H	IOME	BALTI	MORE, MD.	USA	
13. F	FATHER'S NA		OTT I	n was should	14. MOTHER'S MAIDEN			
	JOHN	B. MULLAN	2	11 / 60 01 41		MARTIN	4.00	DRESS
Yes	was Decease ,na ar unknaw	d Ever in U. S. Armed For n) (If yes, give wor ar date	rces: es af service)	16. SOCIAL SECURITY NO.	17. INFORMANT			
	NO		2	13-05-9609D	RECORDS, JE	NKINS MEMORIA	L HOSPITA	T
	1B. , / /	21/1		CAUSE OF DEAT	н			PROXIMATE INTER
	DISEA	SE OR CONDITION DI	RECTLY			, )	A /	LEN ONSET AND
	Distr	LEADING TO DEATH		(A) IMMEDIATE CA	12,000	Liculiti's	-Stante	100
	(This does	nal mean the made al	dying, e.g.,	DUE TO OR AS	A CONSEQUENCE OF:			
		, osthenia, etc. II means			1			
injury or complication which co								
ANTECEDEN		ANTECEDENT CALISES		,	Durante 1	2000	14	1
		ANTECEDENT CAUSES	5	(8)	Diverticul	osis	7	Lers
		OR CONDITIONS, if	ony, giving	(8) DUE TO, OR AS	Diverticul  A CONSEQUENCE OF:	osis	7	ters
	rise la l		ony, giving	(B)(B	Diverticul A CONSEQUENCE OF	0913 D.	7	yers
	rise la l	OR CONDITIONS, if the obove cause (A)	ony, giving	(8)(DUE TO, OR AS	Divertical A CONSEQUENCE OF	0503	7	yers.
NO	rise Ia II UN DERLYIN OTHER SIGN	OR CONDITIONS, if the obove cause (A) IG CONDITION lost.	ony, giving stolling the	(B)(DUE TO, OR AS	Divertical A consequence of B3 CV	osis De tal	J.	yers Jens
ATION	other Sign	OR CONDITIONS, if the obove couse (A) IG CONDITION lost.	ony, giving stoling the ONTRIBUTING	(B)(DUE TO, OR A!	Cong. H	D. ent Fail	in G	yers Jens
FICATION	OTHER SIGNITO THE DEADISEASE OR	OR CONDITIONS, if the obove couse (A) IG CONDITION lost.  II IFICANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO TOONDITION GIVEN IN PAIDS OF OPERATION 198. CON	ony, giving stoling the ONTRIBUTING THE TERMINAL RT I (A).	(c)	Divertical is a consequence of:  His CV  Cong His  [20 A. A HOPEY? (Yes	D. ent Fail	RE FINDINGS COL	Jens Jens Ssidered
RTIFIC	OTHER SIGN TO THE DEADISEASE OR	OR CONDITIONS, if the obove cause (A) IG CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloting the Storing the TERMINAL RT 1 (A).	(C)	CONSEQUENCE OF:  ### CONSEQUENCE OF:  ### CONSEQUENCE OF:  20 A. ANTOPEN? (Yes	or No) 208. IF YES, WER	RE FINDINGS COL CAUSES OF DEAT	
CERTIFIC	OTHER SIGN TO THE DEADISEASE OR	OR CONDITIONS, if the obove cause (A) IG CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloting the Storing the TERMINAL RT 1 (A).	(C)	20 A. A HOPSY? (Yes	or No) 208. IF YES, WER IN CERTIFYING	RE FINDINGS COL CAUSES OF DEAT	
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87		CSN
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

I. NAME OF DECEASE Helen   F. Petryszak   2. Date and Hour of Death   T. Soft   1. S	P-36 BIRTH NO.	62 69	7761	CERTIFICA	TE OF D	EATH	REG	. NO	09	7.7.	61
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSTIAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BALTIMOTE LTY HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BALTIMOTE LTY HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  BALTIMOTE LTY HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  BALTIMOTE LTY HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  BALTIMOTE LTY HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  BALTIMOTE LTY HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  S. SEX  Female White WIDOWED DIVORCED LT-2-21  18. ACCIDENT WAS A STREET BALTIMOTE LTY  CUSTOCIAL  S. SEX MARK LTY HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER  13. PATHER'S NAME  JOSEPH BIAICK  BALTIMOTE LTY  LEADING TO DEATH  ANTECEDENT CAUSES  DISEASE OR CONDITION SIT ON, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION SIT.  ANTECEDENT CAUSES  DISEASE OR CONDITION SIT ON, giving rise to the obove couse (A) stoling the UNDEATHY OF CONDITION SIT.  ANTECEDENT CAUSES  DISEASE OR CONDITION SIT.  ANTECEDENT CAUSE OF DEATH  ANTECEDENT CAUSES  DISEASE OR CONDITION SIT.  ANTECEDENT CAUSES OR DEATH  ANTECEDENT CAUSES OR DEATH  AND THE SIGNIFICANT CONDITIONS CONDIDERED TO THE TERMINAL COURSE OF THE CONDITION SON SON SIDERED TO THE DEATH AND COURSE OF THE COURSE	I. NAME OF DE	CEASED Helen	F. Petr	yszak		2. DATE A	ND HOUR OF	DEATH			_
Record   Part	HE	ZEN PE	TRYS	ZAK	14. USUAL RESI	DENCE (Wh	Lg - 6	yed. If ins	ditution: residence	50	dmission)
ADDRESS OR LOCATION:  Baltimore City Hospitals  4940 Eastern Avenue  Baltimore, Maryland 21224  5. SEX  6. RACE  7. MARRIED MIDOWED  1352 Broening Hway. Baltimore Monthing House 1224  1352 Broening Hway. Baltimore is STREET AND NUMBER  1352 Broening Hway. Baltimore Monthing House 1224  1352 Broening Hway. Baltimore is STREET AND NUMBER  1354 Broening Hway. Baltimore is STREET AND NUMBER  1355 Broening Hway. Baltimore is STREET AND NUMBER  1352 Broening Hway. Baltimore is STREET AND NUMBER  1354 Broening Hway. Baltimore is STREET AND NUMBER  1355 Broening Hway. Baltimore is STREET AND NUMBER  1354 Broening Hway. Baltimore is STREET AND NUMBER  1355 Broening Hway. Baltimore is STREET AND NUMBER  1356 Broening Hway. Baltimore is STREET AND NUMBER  1357 Broening Hway. Baltimore is STREET AND NUMBER  1358 Broening Hway. Baltimore is STREET AND Number is STR	3. PLACE IN BA	ALIMORE MARILAND, W	HERE PRONOUNC	LED DEAD	A. STATE	B. COU	NTY	iveg. II IIIs	1/ 0	e belore ou	111113 210 (1)
Baltimore ty Hospitals  4940 Eastern Avenue  Baltimore, Maryland 21224  S. SEX  Baltimore, Maryland 21224  AT 10. AGE flin years in U. S. Collaboration of Sustaination of Su	HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	DN, GIVE STREET				D INICIE	of CITY TIMES	6	
## AND EASTERN AVENUE    Baltimore, Maryland   1224   E STREET AND NUMBER   1352 Brooming Hway.   Baltimore, Md. 21224	ΝΟΙΤυτιπενι	Baltimore Cit	y Hospita	ls				D. IIVSIL		NO	
S. SEX   S. RACE   7. MARRIED   NEVER MARRIED   G. DATE OF BIRTH   9. AGE (In years Months) Days Hours   Months) Days   Months Days   Months) Days   Months Days   Months) Days   Months Days   Months) Days   Months Days   Month	21				E. STREET AND	NUMBER			36		
Female   White   WIDOWED   DIVORCED   11-21   27   11-21   12-21   1		Baltimore, Ma	ryland 21:	224	1352 Bro	pening	Hway.	Balti	more, Md	. 2122	24
Female   White   WIDOWED   DIVORCED   11-21-21   47   103. USUAL OCCUPATION (Give kind of work)   Balto, City   Balton, City   Balton	S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	гн	9. AGE (In y	eors	If Under 1 Yr. Months: Doys	If Under Hours	24 Hrs. Min.
Custodian	Female	White			11-21-21		47				
14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. Wos Decessed Ever in U. S. Ammed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT   4940 Eastern Avenue   18.			Balto.	City	11. BIRTHPLACE	(State or for	eign country)		12, CITIZEN O	F WHAT C	OUNTRY
Joseph Bialek    Semitor   Bertha Sobus			Public	Schools					USA		
15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   4940 Eastern Avenue   No	13. FATHER'S N		2 3		14. MOTHER'S			~ 1			
Court   Cour		-0-				<u>Da</u>	Bertha	Sobi			
IB.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  11 PA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  12 TO. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg., INJURY OCCUR?  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended the deceased from 7 2 9 19 69 to 7 29 19 69					17. INFORMANT		4940	Easte	rn Avenu	RESS IC	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heeld foliure, ostherior, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (PROMED WAS PERFORMED WAS PERFORME	No	-	218			cords			Marylan	d 2122	
OF INJURY (APPROX.)  While At Not While At Work  22. I certify that (I) (this hospital) attended the deceased from 7-29 1969 to 7-29 1969	UNDERLYII  OTHER SIGN TO THE DE DISEASE OR  OTHER SIGN TO THE DE DISEASE OR  19A. DATE OR CONTRI	LEADING TO DEATH  not meen the mode of e, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  II  HIFICANT CONDITION S CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 1998. CON WAS PER OF OPERATION CONDITION GIVEN IN PAR OF OPERATION 1998. CON WAS PER OPENT WAS UNDERLYING BUTING CAUSE OF	dying, e.g., the disease, deoth.)  ony, giving stating the  NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHI FORMED	(B) DUE TO, OR AS  (C) CH OPERATION  ACE OF INJURY (e.g., i	20A. AUTOPS Yes n or obout 21 C. W	Y? (Yes or N	IO) 208, IF YE	YING CAU	ISES OF DEATH	1?	
22. I certify that (I) (this haspital) attended the deceased from 7-29 1969 to 7-29 1969	MI OF INITION	(Month) (Doy) (Year)				OW DID IN	JURY OCCUI	1?			
	(APPROX.)			At Work	e 🗌						
					7-29	7	19 69 to		7-29	19	69
that (1) (we) last saw the deceased alive an 7-29 19 69 and that in(my) (aur) apinion death accurred on the and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE	and hour a	and from the causes sta		We) (did) (did not)	view the body o	fter death.		(aur) apin	238, DATE SIGN	NED	the date
William E. Powers. / M.D. Attending Director Director Phys. 3 7-29-69	Will	learn 2. Fo	wers,	DEGREE Phy	s. D		Phys.		7-29-6	9	
REMOVAL (Specify)	NAME WILL  24A. BURIAL C REMOVAL	(Type)  LIAM E. F  REMATION, 24B. DATE (Specify)	POWERS 24C. NAMI	JR. M. D. DEGREE E of CEMETERY OF CR	Baltimo 4940 Ea EMATORY	stern 24D.	Ave. E	altim (Cit			2122 (Stote)
Burial 8/2/69 St. Stanislaus Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS								e,	Mary	land	
	AUG1	1969 Robert &						NS,18		_	AVE

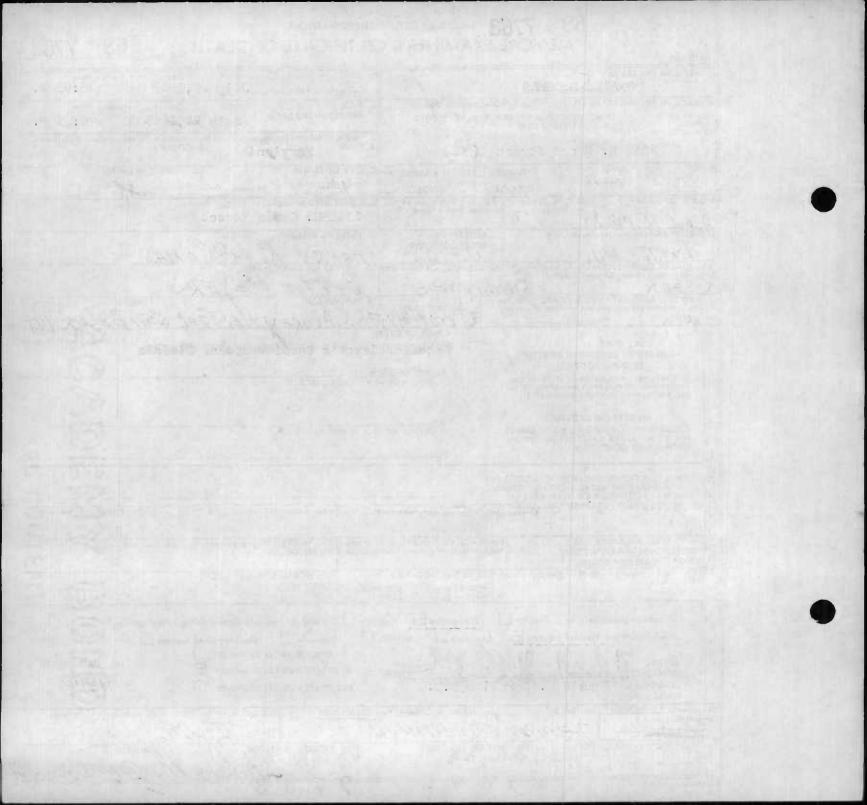


		1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

7762 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OGDEN, James, D., 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 8. COUNTY Maryland Balto. 3230 FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? Eastpoint NOKX YES E. STREET AND NUMBER The Johns Hopkins Hospital 7321 Conley Street 9. AGE (In years last birthday) 5. SEX 6. RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min. Male White 8/11/67 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant Baltimore . Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman James Ogden Mary Louise Kruse 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORM ANT ADDRESS SECURITY NO. None 7321 Conley St. Balto 24 Md N. James Ogden 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE INTYC This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No! 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (It in Baltimare City, give exact lacation) MEDICAL DEATH (natify medical examined) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hous) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At | IAPPROX. Work At Work 22. I certify that 🌠 (this hospital) attended the deceased from that (1) ast saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (4id) (did will ylew the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [ Med. Director \_ 23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS Darrell V. Lewis, M.D. DEGREE The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 8-1-69. Burial Holly Hill Mem. Gardens 7117 Old Orems Rd.Ba, Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 6224 Eastern Ave. Balto., 21224, Md.

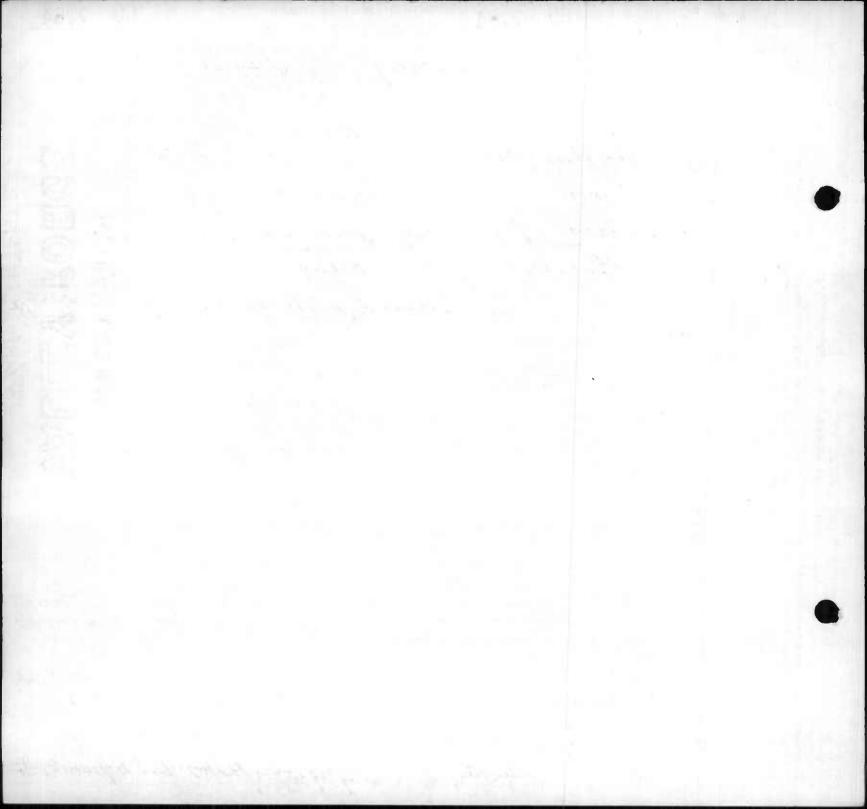
and the \$10,000,000,1 Maria and the second of the se March was also be will be and again. observed galer - 10.

M-252 69 7763 BALTIMORE CITY HE		
BIRTH NC.	CERTIFICATE OF DEATH REG. NO.	03 //63
1. NAME OF DECEASED	2. DATE Known Month Day	V
(Type or Print) DONALD McCOMAS	OF	Year Hour 6:05 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD July 29,1969	6:05 P. M.
2242 E. Chase Street (DOA)	A. STATE Maryland B. COUNTY	804
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		Y LIMITS?
Male White WIDOWED DIVORCED	Baltimore	s No 🗆
9. DATE OF BIRTH  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months: Doys   Hours   Min.	2242 E. Chase Street	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
BALTO, Md. WHAT COUNTRY?	HARRY R. M. COMAS	
14A.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even If retired)	15. MOTHER'S MAIDEN NAME	•
CLERK PROKERAGE	BETTIE MEVERS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DRESS
(Yes, no arunknown) (If yes, give wor ar dates of service) SECURITY NO.	HOS AUDAEN HELTTEL 55	IIBELDID KA
19. CAUSE OF DEA	TH TH	APPROXIMATE INTERVAL
Arterios	clerotic Cardiovascular Diseasc	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	Aller	
(This does not mean the mode of dying, e.g., heart latture, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8)		
	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	00000000000000000000000000000000000000	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
O		no
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exac	t lacation)
UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	
OF INJURY	WHILE 22F. HOW DID INJURY OCCUR?	
(AFFROX.) m. WORK AT W	ORK L	
I certify that I held on Inquiry I Inspection K Au	topsy and that on this basis, death in my c	nlalan
resulted from: Natural causes 🖾 Accident 🔲 Suicid		
Accident Solicio	CHIEF MEDICAL EXAMINER	
ACTUAL / / / /	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.		7/30/69
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	7/30/09
24A. BURNAL CREMATION. 24B. DATE 24C. NAME of COMMERCY	or CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)
REMOVAL (Specify) 7-31-1869 CREEN MOU		Md.
25A. DATE REC'D BY HEALTH DEPT. 255 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ORESS
11002	V. Halter Crukler	5444 Behavell
VS 151-REV. 1/1/68	77753	



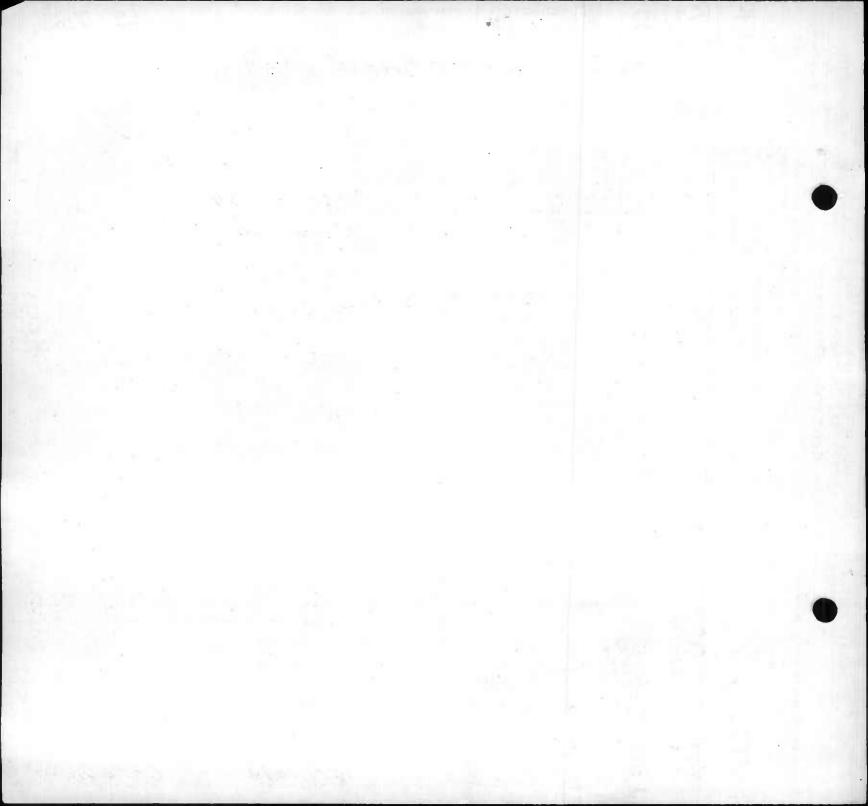
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1-621 69 7784 BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRT	I NO. CERTIFIC	ATE OF DEATH Registered No.
	CASE NO.	
	AME OF DECEASED	2. DATE AND HOUR OF DEATH
2 6	or Print) MAMIE CROSB	M. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	ACE OF DEATH IN BALTIMORE, MARYLAND	A, STATE B. COUNTY
H	JLL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location) ISTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	+6	BALTIMONE
a	CMC GENT WENDERLY	D. STREET ADDRESS STRUCE CT
5. SI		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
1	Colons WIDOWED, DIVORCED (specify)	Manch - 11 - 90st birthdoy 9 Months Doys Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CQUNTRY?
	AT. DOMOSTIC FORMILY	COMMERCE GA. MSA
13. F	ATHERS NAME	14. MOTHER'S MAIDEN NAME
	EVI BUTLER	MARY
15. V	/os Deceosed Ever in U. S. Anned Forces?  16. SOCIAL	17. INFORMANT ADDRESS
(Yes,	no or unknown) (II yes, give wor or dates of service)  \$\frac{2}{3} \frac{4}{3} - 14 - 2263	2 0-1 10,2001 10015
		OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	round array ous save " or
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Inferior mysendist infaction
1	injury or complication which coused death.)	' // .
	ANTECEDENT CAUSES	Congestive heart failed
	DISEASES OR CONDITIONS, if ony, giving	
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,	
	ONDEREING CONDITION 1031.	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	223 (8
O	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A-AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
RTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
AL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, loctory, street, etc.)	, in or about 21C. WHERE DID (II in Baltimore City, give exact location) office bldgs, INJURY OCCUR?
20	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S	OF INJURY While At Not WI	hile
	(APPROX.) Work At Wor	rk U
	22. I certify that (1) (this hospital) attended the deceased from	12-50 196/10 6-22 1969,
	that (I) (we) lost saw the deceased alive on 6-22	
1 1	and hour and from the gauses stated above. (1) (We) (did) (did not)	
	23A. SIGNATURE	238, DATE SIGNED
	1 1 1 1 1	Med. Stoff Phys. Director Phys.
	NAME (Type) YU-CLOUL / F.F.	23D. ADDRESS
	NAME (Troe) YU-Chew LEE M.E	. 1206 Frederick Rd. Balto, md
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
1	Sund 8/5/19 MY BUBUR	
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1/2 /3 F & ADDRESS
A	JG 4 1969 Vaber E. Jarban M. D.	Man San RAngul38 ngicmer St
VS	50-REV. 1/1/65	



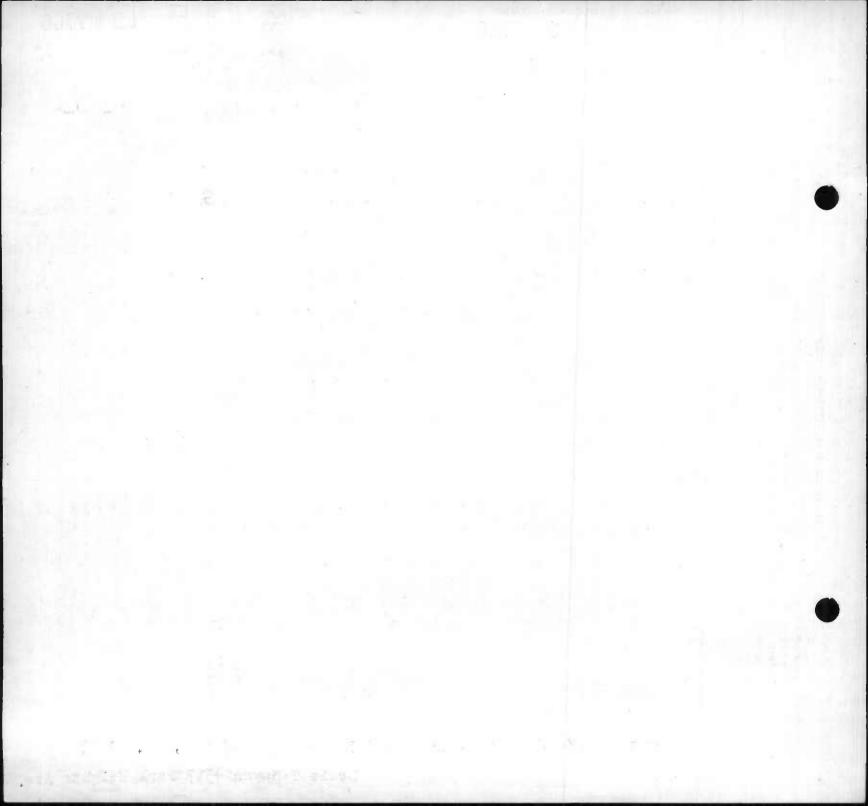
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S 111 0	BALTIMORE CITY	HEALTH DEPARTMENT		CG PRIOR
5-142 69 7765	CERTIFICA	TE OF DEATH	REG. NO.	00 //00
BIRTH NO.  1. NAME OF DECEASED	CERTITION		HOUR OF DEATH	
(Type or Print) ARDECY SIL	YERS SIV	eLs 7/31/	69 3 AM	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived, If instit Y	tution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TITUTION, GIVE STREET	C. CITY OR TOWN  BALTIMOR		CITY LIMITS?
LUTHZRAN HOSPITA	1	E. STREET AND NUMBER	LAK GR	DVF ST
S. SEX   6. RACE   7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., It Under 24 Hrs.
1 - 1 2 7 6 0 4	ED DIVORCED	May 28-15"	st birthday)	Months Doys Hours Min.
TOA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
DO MTS TIC WORKER PS	Francy	NONFOLI	c /9	CN 5 A
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	E	
WALKER		KHODA		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates )	1 6. SOCIAL .	17. INFORMANT	Sivels	ADDRESS
NO	7-355 URITUS 41	MAS. VILLA	SHUZES	SAME
18.44 3 / ()	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			0	
LEADING TO DEATH (This does not meen the mode of dying, e	(A) MMEDIATE CAL	JSE Carelral of	emorras	<u>C</u>
heori foilure, osthenio, etc. It means the diseo injury or complication which coused death.)		A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Zss	· 14. 100 15.		
DISEASES OR CONDITIONS, if ony, giv	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting	ihe	V ·		
UNDERLYING CONDITION lost.	(C)			
O THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., i home, tarm, foctory, street, o etc.)	n or obout 21 C. WHERE DID thice bldg., INJURY OCCUR?	(tf in Boltimore C	City, give exact lacation)
	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (A PPROX.)	While At Work Not While At Work			
22, I certify that (I) (this haspital) attende			100 to 7	131/ 1969.
that (I) (we) last saw the deceased alive a	1 1			on death occurred an the date
and haur and from the causes stated above	. (I) (We) (did) (did not)	/		
23A. SIGNATURE		,	2	3B. DATE SIGNED
2 Liven	DEGREE Phy	ending Med.	taff Phys.	7/31/69
23C.PHYSICIAM'S NAME (Type)	1	23D. ADDRESS		
KRI KYI LW		LUTHTRAN	1tospiTA	-L
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	town, or county) (State)
12 min 8/5/69	MARUBUI	ww /s	and my	
25A. DATE REC'D BY HEALTH DEPT. 125B. NAN	NE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 4 1969 Valer E. Jarber	MP 9 0 3	1 27 Pillana	6	38NCmmWIL
VS 150-REV. 1/1/6B				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

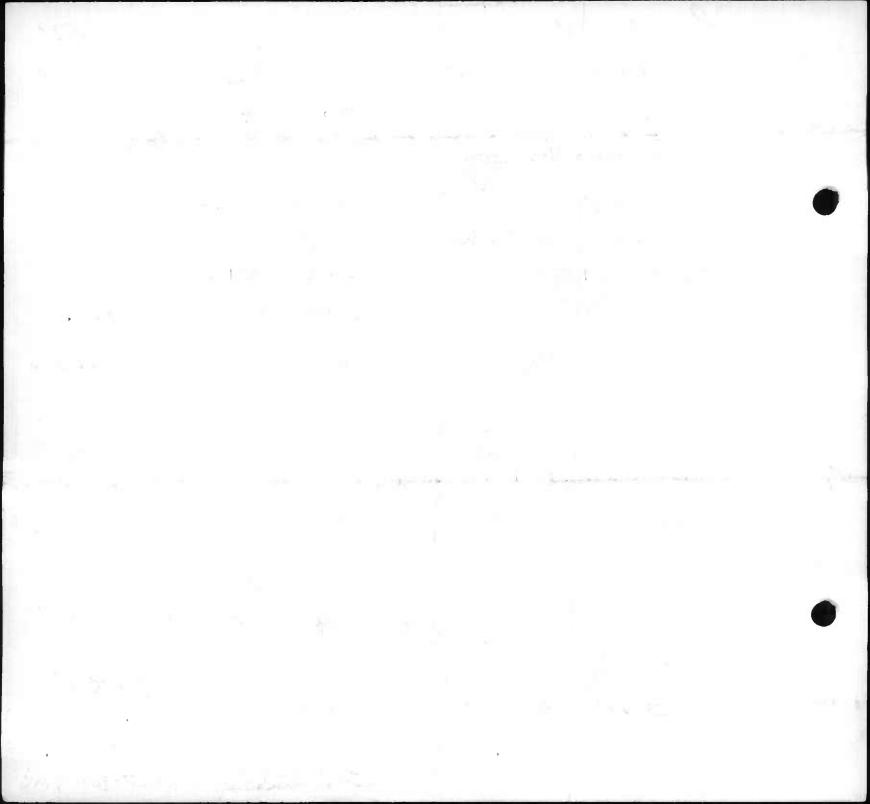
1	F 122	BALTIMORE CITY	HEALTH DEPARTMENT		00 5500
	E-120 69 77	66 CERTIFICA	TE OF DEATH	REG. NO.	69 7766
1	BIRTH NO.  1. NAME OF DECEASED			HOUR OF DEATH	
	(Type or Print) MARY EPRS		7-3	1-69	5:20A. M.
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institu	ution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	TAL OF MO STITUTION, GIVE STREET	MARYZANI		1503
Ш	HOSPITAL OR ADDRESS OR LOCATION)		CCITY OR TOWN,		CITY LIMITS?
	111		E. STREET AND NUMBER	eE Y	ES NO NO
	76		2512 111	1/20-11	AUE #11
	5- SEX   6- RACE   7- MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years I	f Under 1 Yr. If Under 24 Hrs.
	FEMALE NEGRA WIDOW		5- 3-1906	birthdey) N	Annths Doys Hours Min.
- 11	10A, USUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLACE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	NONE	ViROINI	A	U.S.A.
1	13. FATHER'S NAME	JOOKE	14. MOTHER'S MAIDEN NAME		4,0,71,
.	Doctor Taylo	V	Sally W	e//s	
	15. Was Deceased Ever in U. S. Armed Farees?	1 6. SOCIAL	17. INFORMANT	^	ADDRESS
	(Yes, no or unknown) (If yes, give war or dotes of service)	228 03 5235	manullinia	msaul Day	2332
1	18. // 3 3 4	CAUSE OF DEATH	1 177REY WIZZIAI	1130N (DIFUG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0 10	0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAU		Thumbose	J.
	heart failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:		
	injury or complication which caused death.)  ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	rise to the obove couse (A) stoting UNDERLYING CONDITION tost.	lhe			
		(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION		208. IF YES, WERE FIN IN CERTIFYING CAUSE	
	198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	lity, give exoct location
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, farm, foctory, street, of	fice bldg., INJURY OCCUR?		
	21D.TIME (Month) (Dov) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
	S (APPROX.)	While At Not While			
	22. I certify that (1) (this haspital) attende	Work At Work	7- 2/ 10	69 to 7	7-31 1969,
	that (1) (we) last saw the deceased alive	w 2 A	. 10		n death occurred an the date
	and haur and fram the causes stated above			many (doi) aprima	il death occorred an the date
	23A. SIGNATURE	2. (1) (110) (010) (010)	lew the budy difer deom.	23	8. DATE SIGNED
	Wester & Same	2/1/ Dh.	nding Med. St	off ys.	7-31-69
	29C. PHYSICIAN'S	DEGREE	2D ADDRESS		H. 10000 1111
	VIOLETA. R. GAM	ARRA RMD	730 Ash burto	n St. Bat	TIMORE MA.
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City,	town, or county) (State)
	Burial 8/4/69	Arbutus Memor	ial Park Ral	timore, Md	1. 21 227
	25A, DATE REC'D BY HEALTH DEPT 188. AA	AE OF SEGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	AUG 4 1303 Vases a Justin	3-10 0 0	Lewis T-Gwyn	n 4517 Par	k Heights Ave.
1	VS 150-REV. 1/1/6B	11:	1 1 0 0		



3

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

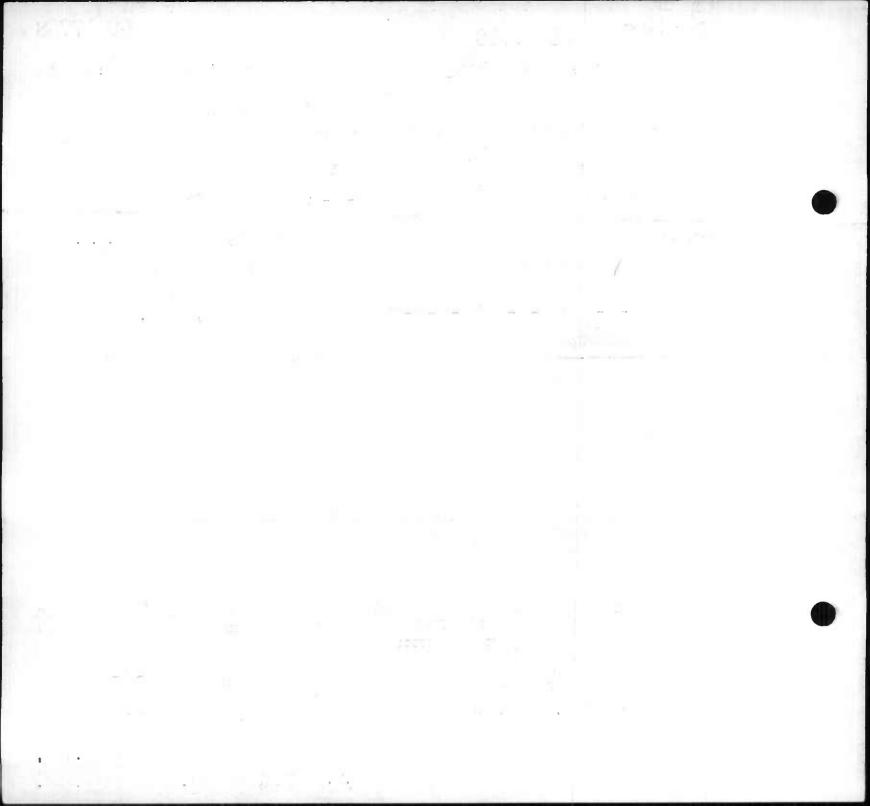
BIRTH NO. 69 7767 CERTIFICA	ATE OF DEATH REG. NO. 69 7767
1. NAME OF DECEASED (Type or Print) MILDRED RICHARDSON  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH  7 28 69 5 7 M.  4. USUAL RESIDENCE (Whele declayed lived, II institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN ARCLAY:  D. INSIDE CITY LIMITS?  YES NO
JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
Negro WIDOWED DIVORCED	8. DATE OF BIRTH 4-28-16  9. AGE (In yeors lest birthday)  11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY?
Howewife, Eactory worker Suit case  13. FATHER'S NAME	Maryland U.S.
FREDDIE WASHINGTON	PEARL MCCALLISTER
15. Was Deceased Ever in U. S. Armed Farcas? (Yes, no at unknown) (If yes, give war at dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
No VE	Mr.Olivier Richardson Barclay, Md.
IB. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)IMMEDIATE CA	A CONSEQUENCE OF: CUNG ~ 12 MINTERS
ANTECEDENT CAUSES	
The Deal with Control to the Studing Ind	S A CONSEQUENCE OF:
II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (a).	lu Spaom)
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED  7 26 69  Tacches form, for resp. insufficient  21A.Accident was underlying  OR CONTRIBUTING CAUSE OF  DEATH (notify modical exemined)  21B.PLACE OF INJURY (e.g., home, form, foctory, street, cetal)	in br about 21 C. WHERE DID (If in Baltimere City, plya exact location)
DEATH (notify modical examines)  21D, Time (Manth) (Day) (Yeard (Haut) 21E INJURY OCCURRED While At Not Whi	21 F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 28	19 69 to July 29 19 69
and haur and from the causes stated above (I) (We) (dId) (dId nat)	riew the bady after death.
23A. SIGNATURE	ending Med. Stoff C
DEGREE Phy	
LEROY M. HARKER M.D	JOHUS HOPKINS HOSPITAL.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, lawn, at county) (State)
Burial 8/1/69 St. Daniel Ceme	tery Barclay Queen Anne's Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C PUNEMAL DIRECTOR ADDRESS
VS 150-BEY 1/1/68	Chesterowy Md



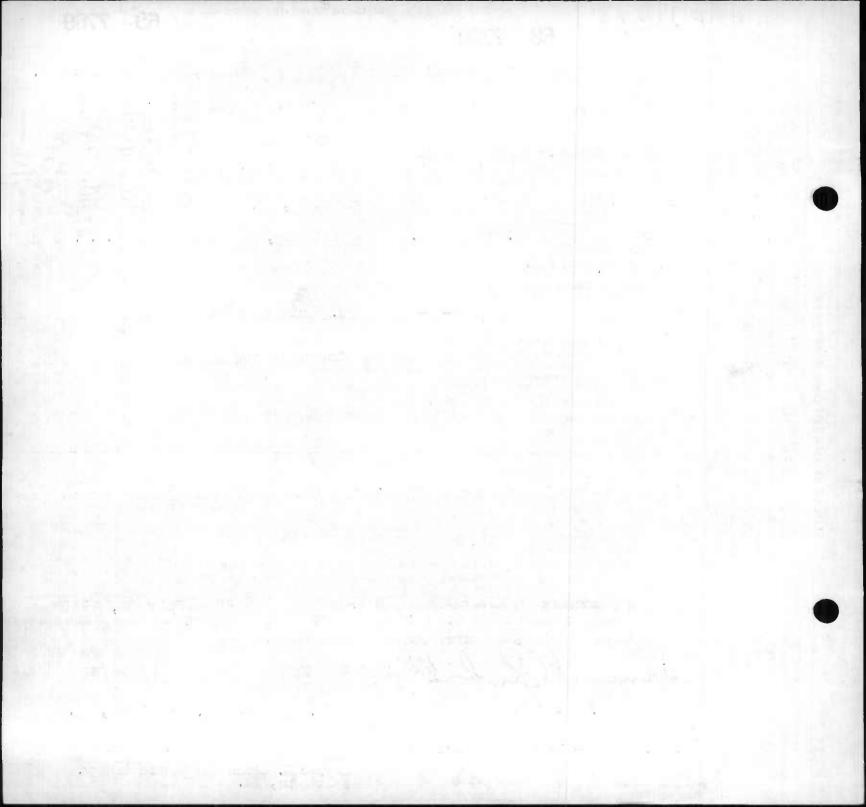
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

BI	S-166 69 7768 CERTIFICA	HEALTH DEPARTMENT OF DEAT		NO	69	7768
	NAME OF DECEASED  YPO OF Print) SPURRIER, Everyett Leroy		TE AND HOUR OF	DEATH	, 6:0	O A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased liv	ed. If institution	t residence	M. before admission)
Пн	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	FREDERICK	Co	6	0-00
IN	VETERANS ADMINISTRATION HOSPITAL	C. CITY OR TOWN MT ATREY		D. INSIDE CITY		AL.
	3900 LOCH RAVEN BOULEVARD	E. STREET AND NUMB	BER	YES		NO 🖺
	BALTIMORE, MARYLAND 21218	RT 1				
	MALE CAUCASION 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	5-10-96	9. AGE (In year lost birthdoy)	3 H Un Month	der 1 Yr.	If Under 24 Hrs. Hours Min.
do:	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stote of	of foreign country)	12, C	ITIZEN OF V	WHAT COUNTRY?
	Farmer	FREDERICK (	COUNTY, MAR	YLAND	U.S.	A.
13.	FENTON EVERNETT SPURRIER	14. MOTHER'S MAIDEN				
15.		HARRIET CH				
(Ye	SECURITY NO.	17. INFORMANT VA	HOSPITAL RE	CORDS	ADDRES	S
-	7-23-18 TO 3-16-19 216-48-27-29	3900 LOCH F	RAVEN BLVD,	BALTO,		
	DISEASE OR CONDITION DIRECTLY					IMATE INTERVAL ONSET AND DEATH
LEADING TO DEATH  (A) IMMEDIATE CAUSE LAENNECS CIRRHOSIS					1를 Y	EARS
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:		***************************************	~~~~~~	
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	*********		
	HNDEDI VING CONDITION I				1	
	(c)					
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	- No. 000 15 K-0		<u> </u>	*****************
CERTIFICATION	WAS PERFORMED	YES	IN CERTIFYIN	WERE FINDING G CAUSES OF	DEATH?	ERED
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examines)	or obout 21C. WHERE DI	ID (If In B	oltimore City, g	ive exoci loc	otion)
0	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
2	(APPROX.) While At Not While At Work					
	22. I certify that Of (this hospital) attended the deceased from	6 FEBRUARY	19_69to	29 JULY		19_69_
	that (X) (we) lost saw the deceased alive on 29 JULY	19 <u>69</u> on	d that In 1860 (ou		oth occurr	
	ond haur and fram the causes stated above (15 (We) (did) (4540 Not) vi	ew the body ofter dea	oth.			
	23A. SIGNATURE	iding Med.	SA-E F	1	TE SIGNED	
	23C. PHYSICIAN'S DEGREE Phys.	Director L	Staff St		29-69	
	YOUNG E. CHUN, MD	3900	LOCH RAVEN			
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 1241	MORE, MARY	(City, town,	218	(Slote)
	Dismin   0 /4 /4 0 / 0   #	Cemetery		_		
	A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C. FUNERAL DIREC				ess Md.
LA	UG 4 1969 Obbert E. Falley & D. 9 0	C.M. Wayt	ZBox 24	1, Sykes	sville	e, Md.



S. SE	LACE IN BALTIMORE, MARYLAND, V.  L. NAME OF (IF NOT IN HOSPI) SPITAL OR ADDRESS OR LOCK INTUTION			4. USUAL RESIDENCE (Whe	July 27,196	9 10:55 P.
FUL HOS INST	L NAME OF (IF NOT IN HOSPI SPITAL OR ADDRESS OR LOC		UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II	and its times and ideas and before the last and
HOSINSI S. SE	TITUTION	TAL OR INSTITU		W. 21416   0' COOL	4TY	institution; residence before domissio
1	2 Cont. D. 34:		UTION, GIVE STREET	Maryland c. CITY OR TOWN	Anne Aruno	del 5 de l'Aller
1	Caralla Dalla			Brooklyn		YES NO 🕎
1	South Baltimore	e Genera	l Hospital	E. STREET AND NOMBER		
	EX 6. RACE	7. MAPPIED	NEVER MARRIED	8 West Fift	9. AGE (In veors	If Under 1 Yr. , If Under 24 H
	Male White	WIDOWED		August 16,1907	last birthdoy)	Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of wor	rk 108, KIND OF		11. BIRTHPLACE (State of fare	ign country)	12. CITIZEN OF WHAT COUNT
done	during most al working life, even if retired) Welder		ydock Co.	Baltimore, 1	Maryland	U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA		0 00 0110
	George E. Burkha	art		Rhoda Robins	son	
S. W	Vos Deceased Ever in U. S. Armed Fa	rces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		215-09-7133	Mrs. Marie Bur	ckhart.	Same
T.	18. 11 11 9		CAUSE OF DEAT			APPROXIMATE INTERVAL
ATIC	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 1998. CO	THE TERMINAL RT I (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	E FINDINGS CONSIDERED
RTIFIC	WAS PE	RFORMED			IN CERTIFYING CA	AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. ham etc.		n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
ED	21D. TIME (Manth) (Doy) (Year)	) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
>	(APPROX.)	Whi	ile At Not While	e		
1	22. I certify that (1) (36063636969	(1) attended t	he deceased fram	March	19 68 to Ju	11y 27, 196919
- 1	that (1) (XX)ast saw the deceas	ed alive an	July 10	19 6.9 and ti	nat In (my) <b>Talk</b> ) ap	pinian death accurred on the
	and hour and fram the causes sta	ated above. (I	v (Kaking (bibxorm (	riew the bady after death.		
4	23A. SIGNATURE	(8)	D. Mil AM	ending Med.	Staff	23B. DATE SIGNED
	samuel 1	Sku	OEGREE PRY	s. Director	Phys.	7/29/69
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
24A	Dr. Samue		OEGREE AME of CEMETERY OF CRI	201 E. Pataps		City, town, or county) (Stote
	REMOVAL (Specify)				Baltimore	
	Burial 7-31-6	19	Holy Cross		FOR ITT TWO TO A	110 200 1 0 200



BALTIMORE CITY HEALTH DEPARTMENT ting cause of death deause; (5) Deceased attendance on the orior to death. Such CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, 4. USUAL RESIDENCE (Where deceased WHERE PRONOUNCED DEAD & COUNTY contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF TOWN D. INSIDE CITY LIMITS? occurred in prior E. STREET AND NUMBER Union Memorial Hospital is made. (4) Undetermined in regular 5. SEX 6. RACE 9. AGE (In years lost birthday) 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED eceased WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) final disposition eath done during most of working life, even if retired) ō Personnel Retired Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William, Augustin Clementine death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dales of service) 17. INFORMANT 6. SOCIAL SECURITY NO. attendance Augustin. Wm. any pronounced 20 CAUSE OF DEATH his DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE !This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenia, etc. Il means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES gre DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the 2 the physician UNDERLYING CONDITION lost remains medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the the chief 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes. or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED G. T before Acute 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in as obout 21C. WHERE OLO home, farm, foctory, street, affice bldg., INJURY OCCUR? nature; (2) where (If in Boltimare City, give exact location) to the hospital °N MEDICAL DEATH (notify medical examined) obtained 21 D. TIME (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? (except ; and (6) approved OF INJURY While At Not While (APPROX.) At Work any 22. I certify that 🎒 (this hospital) attended the deceased from death); pe and haur and from the causes stated abave. (We) (dld) (Hear) view the body after death. and that In (rep) (our) opinion death occurred on the date hospital of was released must 23A. SIGNATURE Attending Med. Staff prior to written approval Phys. Director 8 23C. PHYSICIAN'S 23D. ADDRESS to NAME (Type OWN MION D.O.A. MID DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) deceased 248. DATE 24C. NAME of CEMETERY OF CREMATORY he body (City, town, or equaty) shows: Baltimore, Md. Loudon Park Was 25A. OATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR George J. Gonce Ritchie Hgy. VS 150-REV. 1/1/68

NO

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

Same

23 B. DATE SIGNED

ADDRESS

(Stote)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

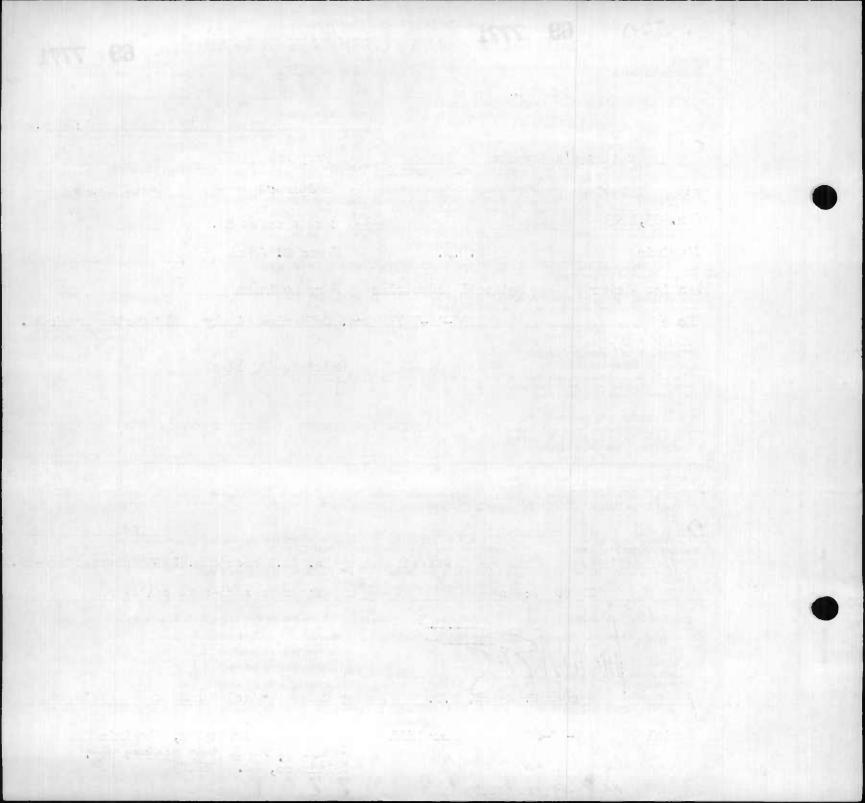
If Under 24 Hrs.

If Under 1 Ye

Months Doys

3 A TOWARD HOLE A 14. CT Frankly Land 500050 a Loud I shall A No. of Contract of the M. CAIME 1-127/4 × 29 d'america mo THE REAL WELL WE HAVE A SE MAIN NO

J-50	10	60	רוליו	BALTIMORE	CITY HE	ALTH DEPA	RTMENT		9	<			
7 00		MEDI	CAL	EXAMINE	R'S C	ERTIF	CATE	OF I	DEAT	Н	CO	1200.00	
BIRTH NO.										REG. NO	99	177	1
I. NAME OF DE	CEASED					2. DATE	Knawn 🖠	2	Manth	Day	Year	Haur	
(Type ar Print)		John	T.	Johns		OF DEATH	Estimoted						M.
4. PLACE IN BA	LTIMORE, MA			ONOUNCED DEAD		3. DATE		-	Month	Day	Year	Haur	144
FULL NAME OF	(IF NO	T IN HOSPITAL	ORINST	ITUTION, GIVE STREE	г	PRONC	UNCED DEA	.D	7	25	(0	2.20	
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCATI	ON)			5 HSHAL	PESIDENICE (	Whered	acanted li	25	69	2:30 before odmission	
91						A. STATE			00000011	B. COUNTY	, , , , , , , , , , , , , , , , , , ,	57/1	6
/ '	Childr	cen's H					Marylar	nd		AACO		2000	
S. SEX	7. RACE		8. MARRI	ED NEVER MAR	RIED X	C. CITY O	RIOWN			D. INSIDE C	CITY LIMITS		
male	white	2	WIDOW	ED DIVO	CED		Baltimo	ore		1	YES 🗌	NO X	
DATE OF BIRT	TH .	10. AGE (In		If Under f Yr. II Unde Months   Doys   Hour	er 24 Hrs.	E. STREET	AND NUMB	ER					
Jan. 23	.1923		46	Months Doys   11001	1	2214	Curtis (	rool	pd.				
1. BIRTHPLACE				2. CITIZEN OF		13. FATHE		oree	i Itu.				
Virgini	9			WHAT COUNTR	Υ?		ames N.	Tok	122.03				
		e kind of work)	4B KIND	OF BUSINESS OR I									
ane during most of	warking life, ev	en if retired)	T. KITYO	C. 503114E33 OK 1	. 1003111	MOTH	LIL D MAIDEN	- IAMINE					
Plastics	Worker	•	Nat	ional Indu	strie	s l	lary Rol	oins	n				
6. WAS DECEAS es, no ar unknawr	SED EVER IN	U.S. ARMED	FORCES service)	?   17. SOCIAL SECURITY	NO.	18. INFOR	MANT				ADDRESS		
No			-	230-16-		Mrs.	Catheri	ine 1	Vicel	2212	Carti	s Creek	Rd
19.	12 10		_		OF DEAT	TH						APPROXIMATE INTE	RVAL
E	100,0	ITIONI DIREC	TIV								DEI	WEEN ONSET AND	DEAT
DISEAS	SE OR COND LEADING TO		ILY			M	.1+inlo	ini	iriae				
(This daes	not meon the		ng, e.g.,	(A)[MA	AEDIATE C	AUSE LT	ltiple	TILL	arres		********		
heart follure	e, osthenlo, etc.	. It means the	disease,	-	L 10, OK 2	15 A CONTE	QUEITCE OI.						
			,										
A	NTECEDENT	CAUSES		(B)									
DISEASES PISE TO TH	OR CONDITION	ONS, IF ANY,	GIVING	DUI	E TO, OR .	AS A CONS	QUENCE OF:						
I UNDERLYI	NG CONDITI	ON LAST.	110	(c)									
<u> </u>		11	_	(0/						************			
OTHER SIGN TO THE DE DISEASE OF	NIFICANT CON	II NDITIONS CO	NTRIBUT	ING									
TO THE DE	ATH BUT NOT			NAL									
20A. DATE O				OR WHICH OPERA	TION WA	S PERFOR	MED				21. AUT	OPSY? (Yes or	No)
Ö													
	DALL CALLER	11/46		OOD DI ACE OF INIII	IDV/		OOC WHERE	D/D ///			no		
	RNAL CAUSE			228. PLACE OF INJ	treet, affice	bldg., etc.)	INJURY OCC	UR?	in Baltima	re City, give e	xact lacation	V 1	2
	AUSE OF DEA			stre			Va. Rt	.3 n	ear R	ts.6218	3 inte	ersectio	n-1
OF INJURY	(Manth) (D	Day) (Year)	(Haur			15	22F. HOW D1	חנאו מו	RY OCC	UR?			
(APPROX.)	7 12	2 69	8:30	n. WHILE AT	NOT AT W	WHILE X	driver	in a	auto-	auto co	llisid	on	
23.													
l cer	tify that I h	eld an In	quiry [	Inspection	Au	tapsy 🗌	and that	on this	s basis,	death in my	opinion		
resul	Ited from: N	latural cous	05	Accident X	Suicid	·   +	lamicide 🗌	11.	determ!	ned manner			
10301	7	1		- Letucin C	301010	· 🗀 .	CHIEF MEDI						
ACTUAL	111/1	111/1.	11	17 -		400						DATE SIGNE	D
SIGNAT	111	WYV	X		M.D	. AS:	ISTANT MEDI	ICAL EX	AMINER				
EXAMIN			- 12.				OCIATE MEDI		-			7/00/00	
NAME (			U~ Sp	oitz, M.D.			Chief I					7/26/69	_
24A. BURIAL CRE REMOVAL (Spec		24B. DATE		24C. NAME of CI	METERY	or CREMAI	ORY	24D. LC	CATION	(City, tav	vn, or count	y) (State)	1
Burial		7-30	50	Cedar	W477				'orri n	rton T	inaini		
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REGISTRA		25C	FUNERAL DI	PECTOR		gton, V	ADDRESS		
ALIC	4 1981	-		Pauler, M.D.		Ge	orge J.	Gor	1ce 40	001 Rit	chie F	igy.	
AUG	T 1980	a nand				Ba	ltimore	e, Mo	i.	21225			
'S 151-REV. 1/1/6	8 4 /	210	1	771		07	7 6	1					



	<	3.362 69 7	חריוני	BALTIMORE CITY	HEALTH DEPARTMENT	1/	CO	HHHO
	DIE	RTH NO.	7772	CERTIFICA	TE OF DEATH	REG. NO	69	7772
		NAME OF DECEASED				D HOUR OF DEATH		
	(Ту	STREAKER , L	1111	AN VI DOINI				7 25 4
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOLIN	CED DEAD	4. USUAL RESIDENCE (When	7-29-69	titution maida	/:35 A M.
					A. STATE 8. COUN	IY		
	FU	OSPITAL OR (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTE	ON, GIVE STREET	WEST FRIE	NDSHIP, MA	RYLAND	21794
	IN	SILLUTION			C. CITY OR TOWN		DE CITY LIMITS	5?
		ST. AGNES HOSPITAL	_		West Frience	15h1p	YES 🗌	ио 🗵
4	-(	WILKENS & CATON AV			E. SIREET AND NUMBER	14a	anda	0 -
de.	-		228		Rt. 144	-	6	93-00
mad	3. 3	I MA	RRIED	NEVER MARRIED		ost birthdoy)	Months Doy	r. If Under 24 Hrs.
is	_		OWED X	DIVORCED	07-27-81	88		
	don	USUAL OCCUPATION (Give kind of work 108, Kine during most of working life, even if reffred)	ND OF BL	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	an country)	12. CITIZEN	OF WHAT COUNTRY?
÷		HSWF			MARYLAND		1	C A
osi	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A.E.	1 0	S.A.
isposition		EZELIEL R. MOXLEY		DEC 'D	EMMA J. ME	LLOP		DECID
0	15.	Wos Deceased Ever in U. S. Armed Forces?	11.6		17. INFORMANT	LLUK		DEC'D
0	(Yes	s, no ar unknown) (If yes, give war at dotes of se	rvice)	SECURITY NO.	17. INFORMANT		AD	CATON
Ę.		NO	2	220-48-219	ST.AGNES RE	ECORDS ROO	M WII	KENS &
0		18. 440,91		CAUSE OF DEATH			1 AP	PROXIMATE INTERVAL
70		DISEASE OR CONDITION DIRECTLY	7		0			EEN ONSET AND DEATH
E		LEADING TO DEATH	00.0	(A) IMMEDIATE CAUS		e Bronce	no -	
<u> </u>		(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	sease.	DUE TO, OR AS A	CONSEQUENCE OF:	02019		
q <sub>L</sub>		injury ar complication which caused death.			/ -			-
E .		ANTECEDENT CAUSES		(B)	Severe	arterio	arane	160
are		DISEASES OR CONDITIONS, if any,		DUE TO, OR AS	A CONSEQUENCE OF:		7	
		rise to the above cause (A) stating UNDERLYING CONDITION lost.	j ine	(c)				
remains		11		(0/				
Ē	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
	ATI	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	INAL	*******************	***************************************			
the	FIC	19A-DATE OF OPERATION 19B CONDITION WAS PERFORME	FOR WHI	CH OPERATION	20A-AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS COL	SIDERED
	RT	2.1	,		YES	IN CERTIFYING CAU	SES OF DEAT	:Н7
efore	Ü	OR CONTRIBUTING CAUSE OF	21 B. PL/	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimare	City, give exa	ct locotion)
9	CAL	DEATH (notify medical examined	elc.)	idin, locidry, sireet dis	ce pidge intokt occoki			
9	ā	21D. TIME (Month) (Doy) (Year) (Hour	21 E. IN.	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
ained		OF INJURY (APPROX.)	While A	AI   Not While				
bta			Work	☐ Al Work				
0		22. I certify that (1) (this hospital) atten		***************************************		Magalance I d assessmentance	29	19_69
Pe		that (%) (we) last saw the deceased allve			19 <u>69</u> and tha	t in (shy) (aur) apin	Ian death ac	curred on the date
		and haur and fram the paules and the	ve. (1) (4	(4) (4) (4) (4) (a)	ew the bady after death.			
must		23A. SIGNATURE		N.D		~ -	238, DATE SIC	SNED
		111/10/		Dhim	ding Med. S	hoff hys.	7.2	0.69
2		23C. PHYSICIAN'S NAME (Type)		DECKEE	D. ADDRESS	11-11-11		7 0
approval		M. AF2	Al-	H.D	St Hypus	Ita Swil	the	>
db	24 A	BURIAL CREMATION, 248, DATE	4C.NAME	E OI CEMETERY OF CREA	MATORY V 24D. LO	CATION (C)	Anun	and the same
	-	REMOVALY (Specify)	M	/: . 1		11 1	, town, or cau	
#	254	DUMUNU 8-/- 69 N DATE REC'D BY HEALTH DEPT. 1258. N.	///7		metery (	LEST MIE	ndshi	p, Md.
written	-JA	DATE REC'D BY HEALTH DEPT.	AME OF R	REGISTRAR	25C. FUNERAL DIRECTOR	Maiall	01	DORESS OF A
>	Λ	UC4 1969 P. R. R. C. T. C	2 1/2	19 0 0	NAME OU. 9	Hillger -	Muchi	w. That.
1	7.3				- 11	17	17	

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Deceased ce on the ath. Such and death hospital of death. attendance (2) cause (4) Undetermined cause; 5 0 prior contributing occurred made. regular eceased isposition 2 ō Was the assistant death 0 0 final attendance any pronounced 0 balmed ular Em who regi are (3) A Ę physician remains No physician was any nature; (2) Body burns; the the 8 before where the body was released to the hospital shows: (1) An accident of any nature; ( obtained 9 approved (except and Pe hospital death) must

0

prior

deceased

8

at

D.O.A.

approval

written Was

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED JULY 26 1969 (Type or Print) DOROTHY RAY DOODY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? ST AGNES HOSPITAL SYKESVILLE NO IX YES CATON & WILKENS AVENUE E. STREET AND NUMBER BALTIMORE MARYLAND GRANDVIEW AVENUE 21784 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. lost birthday FEMALE WHITE WIDOWED 11/12/03 DIVORCED 65 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIF MARYLAND US 14. MOTHER'S MAIDEN NAME SAMEU 15. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. CATON & WILKENS AVE 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY andiosenie 24-LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the A-Seco UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR White At Not While (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased fram..... 7/24/69 26/69 that (A) (we) last saw the deceased alive an 7/26/69 and that In(my) (aur) apinian death occurred an the date and haur and from the causes stated above. (IV(We) (did) (did YIM) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Staff Phys. Med. Director Phys. 23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS ST AGNES HOSP CATON DEGREE 24A. BURIAL CREMATION DATE 24C, NAME of (City, town, or county) VS 150-REV. 1/1/68

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1	4-163 69 77	Private A	THEALTH DEPARTMENT REG. NO	69 7774
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3.	TEACE IN BALLIMORE MARILAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution A. STATE 8. COUNTY	m: residence below odmission)
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dor	A. USUAL OCCUPATION (Give kind of work 10 B, KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	MARYLAND	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	HERMAN SCHEWBRIDGE		JOHNNIE (NEE NOONBERGER)	SCHEWBRIDGE
15. (Ye	Was Decaased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It means the disea- injury or camplication which caused death.)  ANTECEDENT CAUSES	Disen	A CONSEQUENCE OF:  A CONSEQUENCE OF:	
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¥	DEATH (notify medical examiner)	TB. PLACE OF INJURY (e.g., ir ome, form, foctory, street, affi ic.)	or about 21 C. WHERE DID (If in Bollimore City, ince bldg., INJURY OCCUR?	give exact location)
MEDICAL	(APPROX)	Not While At Work	21F. HOW DID INJURY OCCUR?	
Н	22. I certify that (I) (this hospital) attended	— HI 1101K		0 19 69
	that (I) (we) last saw the deceased alive or	JULY 30	19 69 and that In(my) (our) apinion d	
	and have and from the causes stated above.  23A. SIGNATURE	(I) (We) (did) (did not) vi		
	Melando Presso	Alter	The state of the s	ATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	
244	HLESANDED MESTA MI	DEGREE	ST. AGNES HOSP; CATON & WI	LKENS AVES.
	REMOVAL (Specify)	NAME of CEMETERY OF CRE		, or county) (Stote)
	Burial Aug. 1, 1969	Balto. Nations		
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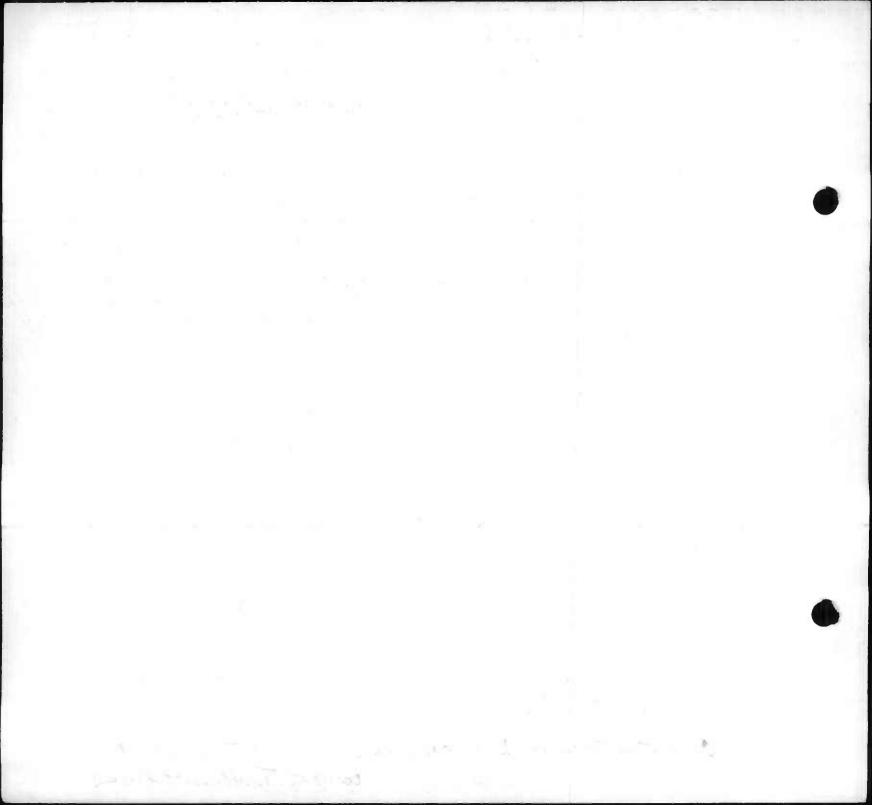
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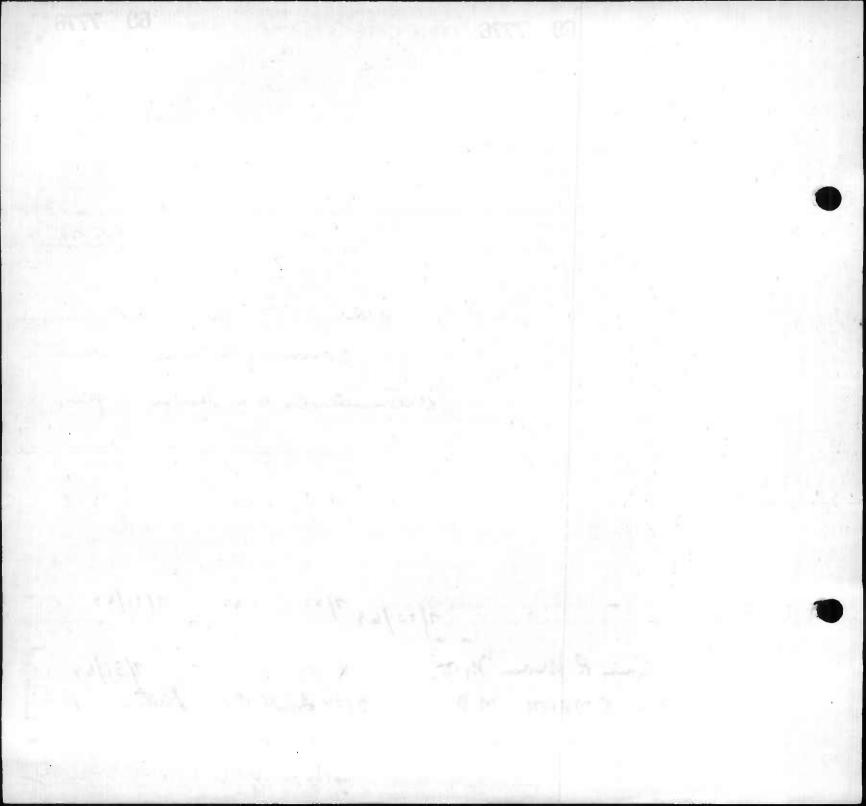
" 57 FM 52,479

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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MEDICAL CERTIFIC	hearl failure, ashle injury ar camplical ANTE: DISEASES OR Crise to the ab UNDERLYING CO  OTHER SIGNIFICANTO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH CONTRIBUTING DEATH (notify medical properties)  21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medical properties) 21D. TIME (Moroff Injury (APPROX.)  22. I certify that that (I) (we) last and haur and fram 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	nia, elc. It means inn which caused the cause of the cause (A) notified by the cause of the caus	any, giving slaling the DNTRIBUTING SHORMED 21B, PL home, etc.)  (Hour) 21E, IN While Work  I) attended the ed alive an	(B) DUE TO, OR A  (C)	20 A. AUTOPS  in or about 21 C. Woffice bldg., INJURY  21 F. Hotel  yiew the bady a  thending X M  23 D. ADDRESS  272 Y K  REMATORY)	SY? (Yes or No)  WHERE DID Y OCCUR?  OW DID INJU  and that offer death.  And. Spirectar Spirectar P	208. IF YES, WER IN CERTIFYING COUR?  (If in Ballin RY OCCUR?	T 31 papinion deat	exoct locotion)  16 9 19  The accurred an the strong of th
MEDICAL CERTIFIC	hearl failure, asthe injury ar camplical ANTE: DISEASES OR C rise to the ab UNDERLYING CO  OTHER SIGNIFICANT TO THE DEATH BUTI DISEASE OR CONDI 19A. DATE OF OPER 21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic 21D. TIME (Mor OF INJURY (APPROX.)  22. I certify that that (I) (we) last and haur and fram 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  ** ** ** ** ** ** ** ** ** ** ** ** *	nia, elc. It means inn which caused the cause of the cause (A) notified by the cause of the caus	any, giving slaling the DNTRIBUTING SHETERMINAL RT 1 (A).  CHOUR 21E, IN While Work  I) attended the ed alive an steed abave. (I) (Core of the core of	(B) DUE TO, OR A  (C)	20 A. AUTOPS  in or about 21 C. Woffice bldg., INJURY  21 F. Hotel  yiew the bady a  thending X M  23 D. ADDRESS  272 Y K  REMATORY)	CE OF:  SY? (Yes or No)  WHERE DID Y OCCUR?  OW DID INJU  and that ifter death.  Andth	208. IF YES, WER IN CERTIFYING COUR?  (If in Ballin RY OCCUR?	RE FINDINGS CAUSES OF D	exoct locotion)  16 9 19  h accurred an the signed 4 MM



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Underermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-534 69 7777 CERTIFICATE OF DEATH REG. NO. 69	7777
	1. NAME OF DECEASED (Type or Print) LINDHOLM HAROCA (1). 7-30-69	1155
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET B. COUNTY	esidence before odmission)
	Union Memorial Hospital  E. CITY OR TOWN  VES  VES  Union Memorial Hospital	MITS?
	5. SEX M 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II) Under	ع١
	WIDOWED   DIVOKCED     7 -/ 1-05	Doys Haus Min.
	done during most of working life, even if refired	ZEN OF WHAT COUNTRY?
	Stock Keeper 12 TREA. 14. MOTHER'S NAME	USH
	Was Decorated Every In the Married Forces	d Bloom
		wife, above
	18. 4 2 8 X   CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE acute my ocarchal insufficiency	1
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar complication which cousad death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	00000000000000000000000000000000000000
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving  DUE TO, OR AS A CONSEQUENCE OF:	*****************
	rise la lhe above cause (A) stoling the UNDERLYING CONDITION last. (C)	(D. H.)
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A)	
1119	U 19A DATE OF OFFICE ON THE CONDITION FOR WHICH OFFICE TON	CONSIDERED
Ш	WAS PERFORMED  WAS UNDERLYING  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical axamine)  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? (If in Boltimore City, give etc.)	
	21D. TIME (Month) (Doy) (Year) (Haus) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work	
	22. I certify that (i) (this hospital) attended the deceased from 7-25 1969 to 7-4 that (i) (we) last saw the deceased alive an 7-30 1969 and that (n (my) (our) apinion deat	30 1969
	that (i) (we) last saw the deceased office an 7-30 1969 and that (n (my) (our) apinion deat and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death.	n accurred on the date
	23A. SIGNATURE 23B. DAT	SIGNED
	23C. PHYSICIAN'S NAME (Iyon)    DEGREE   Phys.   Director   Phys.	30/63
2	CESAR A. BRAND M.D. UNION MEMORIAL HUSTITAL  MA. BURIAL CREMATION, 24B. DATE   24C. NAME OF CREMATORY   24D. LOCATION (City, 10wn, 10)	
	REMOVAL (Specify) Burial 8/2/69 Meadowridge Mem. Park Baltimore, Md.	countyl (State)
	AUG 4 1969 Robert Valley M. D. 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schamunek, Funeral Home, 8 150-REV. 1/1/68	ADDRESS Inc.

HARRILL C. LING HELD MARKIN S. LING STORES

YE

F - C bg 58-L 34-L

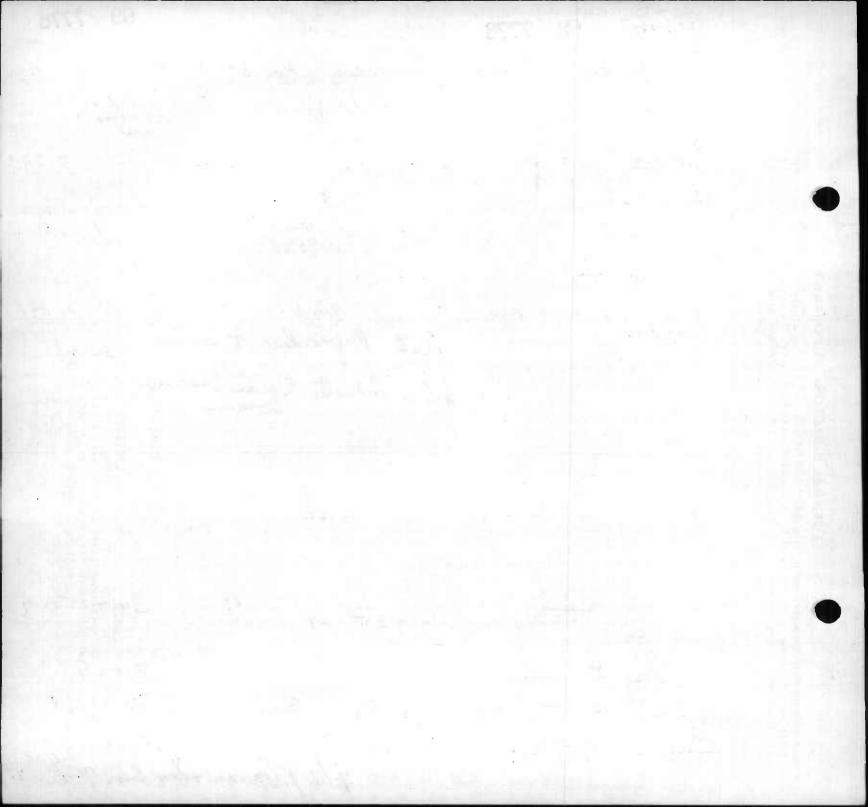
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

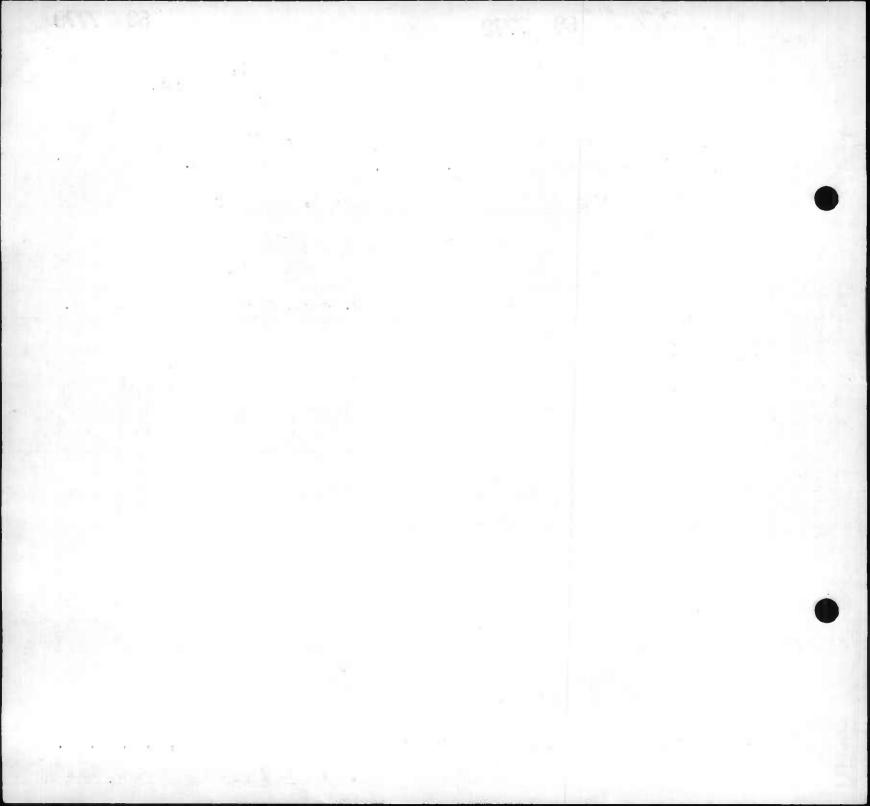
0 111	BALTIMORE CITY	HEALTH DEPARTMENT		69	סרינירי
S-616 69 7778	CERTIFICA	TE OF DEATH	REG. NO	00	1110
1. NAME OF DECEASED	- 0	, 2. DATE A	AND HOUR OF DEATH		
(Type or Print)	1. SCARX	orough Aug	ust 1 19	691	10 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. COL	nere deceased lived. If in:	stitution: residen	ce before odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION, GIVE STREET	MARY/AND	DAIT	MOR.	e 1803
HOSPITAL OR ADDRESS OR LOCATION		CCITY OR TOWN		DE CITY LIMITS?	
136	11 1	E. STREET AND NUMBER	ce	YES 🛂	ио 📗
FRANKLIN DANARE	Hospital	1126 W.	Lombard	St.	21223
5. SEX   6. RACE   7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	. If Under 24 Hrs.
Male White WIDOWE	D DIVORCED	3/3/1900	69		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN C	F WHAT COUNTRY?
LABORER 1	Refired	Virginia		U	. S.A.
13. FATHER'S NAME HEAVY A	0	14. MOTHER'S MAIDEN N.	AME		
United 19	Scs. Lorough	/	12 KNOWN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	5	ADD	PRESS
Yes OVER DOYRS. AGE		FRANKI'N	Deupre	e H	ospital
18. 4 10. 9	CAUSE OF DEAT	m no	10-1-1	APP BETWE	ROYMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Heute	Myolardia	Jackles .	1 30	omin
(This daes not mean the mode of dying, e.		A CONSEQUENCE OF:			- *************************************
heart failure, asthenia, etc. It means the diseas injury ar complication which caused death.)	1 /	Louis Car	de Vescul	e- ,	-
ANTECEDENT CAUSES	Helen P	received and	esime	(	Joseph
DISEASES OR CONDITIONS, if ony, givin	.9	A CONSEQUENCE OF:			
rise to the abave cause (A) stoting to UNDERLYING CONDITION last.	(C)				
11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA					
☐ < DISEASE OR CONDITION GIVEN IN PART 1 (A).	.000,0000000000000000000000000000000000	20A. AUTOPSY? (Yes or 1	No) 20B. IF YES, WERE F	INDINGS CON	CIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	K WHICH OFERATION	10	IN CERTIFYING CAL		
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i ome. form, factory, street, of	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exo	ct locotion)
DEATH (notify medical examiner)	tc.)				
OF INJURY	1E. INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
	While At Not While Nork Nork				
22. I certify that (I) (this hospital) attended	the deceased from	July 4	1967 to	14/4	251965
that (I) (we) lost sow the deceased alive or	July 2	5-19 69 and	that in (my) (our) opin	/	*
and hour and from the couses stated above.	(1) (We) ( <u>did</u> ) (did nat) v	riew the body after death			
23A. SIGNATURE				23B. DATE SIG	
Larry D. Jelley	DEGREE Phy		Shaff Phys.	8-1-6	07
23C. PHYSICIANS NAME (Type		23D. ADDRESS	,/	0	. n.
LARRY G. TILLEY	DEGREE	HRANKLIN DQUA	RE HOSPITAL	, BALTIN	rope (1)
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	y, town, or cou	(Stote)
Direct 8/4/1969 1	rit. Olivet to	ometery 1	· (In	lemone	, red.
25A. DATE REC'D BY HEALTH DEPT.	E OF REGISTRAR	250 UNERAL DIRECTO	OR / / S	() A	DDRESS GO



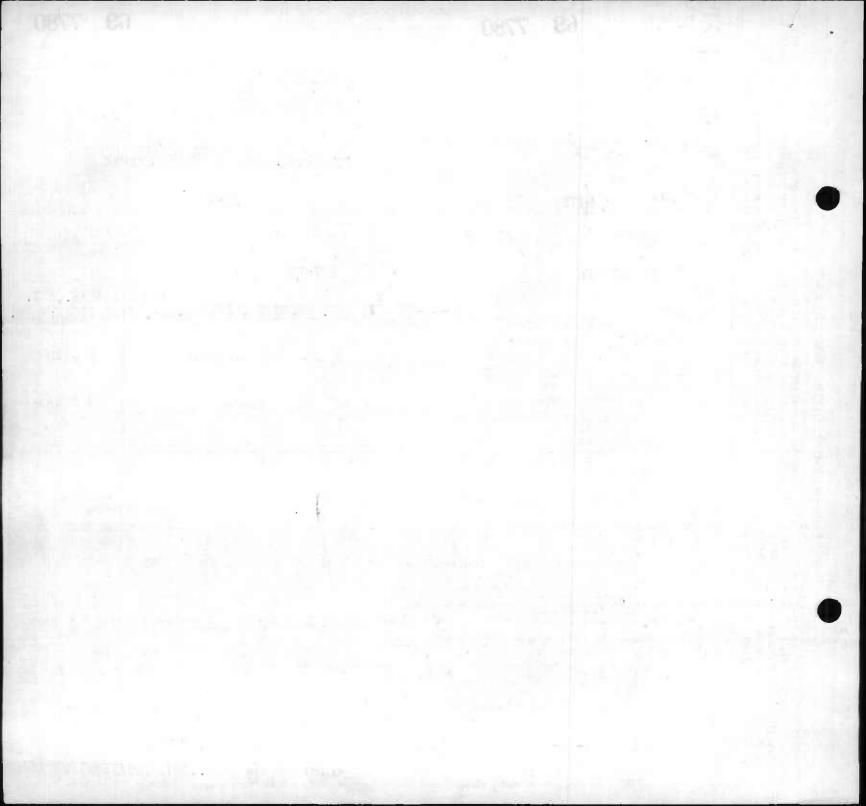
## FUNERAL DIRECTOR: IMPORTANT

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		0		BALTIMORE CITY	HEALTH DEPARTMENT		CO	חמומנו		
	4	-300 69 7	779	CERTIFICA	TE OF DEATH	REG. NO	69	1.1.19		
		H NO. AME OF DECEASED		0=1(11110)	2. DATE AND HO	OUR OF DEATH				
		e or Print) Alice	Pat	e	July 31,			5 30 P M		
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE I			4. USUAL RESIDENCE (Where dec		nstitution: resi	dence before admission)		
					A. STATE B. COUNTY Maryland		2	202		
	HO	L NAME OF (IF NOT IN HOSPITAL OR SPITAL OR ADDRESS OR LOCATION)	INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	In INS	IDE CITY LIM	7 () _5		
	INS	ITOTION			Baltimore		YES X	NO 🗆		
	0	X			E. STREET AND NUMBER		- Gall			
	70	Midtown Nursing Home	808	St. Paul St.	1718Clarkson St.					
	5. \$	EX 6. RACE 7. MA	NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In years sirthday)	If Under I	Yr. If Under 24 Hrs.			
	Fe	male White WID	OWED	X DIVORCED		69				
		USUAL OCCUPATION (Give kind of work 10B, Kind of work 10B, Kind of working life, even if retired)	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	untry)	12. CITIZE	N OF WHAT COUNTRY?		
	done	Housewife	At	Home	Maryland		TT	S A		
	13. F	FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
-		Unknown King			Unknown Unl	knovm				
,	15. V	Nos Deceased Ever in U. S. Armed Forces?		1 6. SOCIAL	17. INFORMANT			ADDRESS		
	(Yes	.no or unknown) (If yes, give war or dates of se	ervice)	SECURITY NO.	Mr. Morris Bluefo	rd 1718	Clarks	on St.		
	-	18 / # 3 . / 4		CAUSE OF DEATH		14 1/10	OTGING	APPROXIMATE INTERVAL		
5		DISEASE OR CONDITION DIRECTLY		CAUSE OF DEATH			BE	TWEEN ONSET AND DEATH		
		LEADING TO DEATH	ľ		audia UM	lah		Suddeen		
		(This does not meon the mode of dying		(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:					
		heart failure, astheria, etc. It means the dinjury or complication which caused death.	.)		0 14 1			5		
		ANTECEDENT CAUSES		A.5	. V. Duckans	<u> </u>		,		
2		DISEASES OR CONDITIONS, if ony,	giving	DUE TO, OR AS	A CONSEQUENCE OF:	10		//		
3		uise to the obove couse (A) statin UNDERLYING CONDITION lost.	g Ihe	(c) ( and	have Decomple	insafe	ner	2 weeks		
		II		(~/****************						
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBL	JIING							
	ATI	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B	CERTIFYING CA	USES OF DE	EATH?		
	CER	21A. ACCIDENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Baltima	re City, give	exact location)		
	CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	ie, farm, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii s s iiii ii	is only give	0.001		
2		21D. TIME (Month) (Day) (Year) (Hou	H 215	INJURY OCCURRED	21F. HOW DID INJURY	0.000				
	S	OF INJURY		ile At Not While		OCCOK:				
3		(APPROX.)	Wo	rk L At Work				1		
2		22. I certify that (I) (this haspital) atte	nded t	he deceased fram	1/ -	5ta	1/30	19.69.		
3		that (I) (we) last saw the deceased aliv	e an		19 69 and that In	(my) (aur) api	inian death	accurred an the date		
2		and haur and fram the causes stated ab	ave. (I	l) (We) (did) (dld nat) v	iew the bady after death.					
2		23A. SIGNATURE	1	/ Ma	adia S Mad S Sault		23B. DATE	SIGNED		
5		from S, of	Hun	DEGREE Phys			81	1/69		
5		23C. PHYSICIANIS/ NAME (Type)	5	BLUM	23 D. ADDRESS		_ <-			
2		7086.4	<b>.</b>	M D DEGREE	1115 N. C.	ALVERT	) (			
3	24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY OF CRE	EMATORY 24D. LOCAT	ION (C	City, town, or	county) (State)		
)	E	Burial 8 4 1969		Glen Haven	Glen	Burnie,	A. A.	Co. Md.		
	25A		- 4	OF REGISTRAR	25C. FUNERAL DIRECTOR			ADDRESS		
		AUG 4 1969 Robert E. J	abe	JAD C	7 7 6 9 Mc	Cully	130 E	Fort Av		
- 1	1/6 1	160 BEV 1/1/4B								



1, N. (Typ	o or Print) Rebe	cca	CHES	LOCK		7-30-	69 3
3. P	LACE IN BALTIMORE MAR				4. USUAL RESIDENCE	E (Where deceased live, COUNTY	
FUL	L NAME OF (IF NOT I	N HOSPITAL	L OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	Baltime	D. INSIDE CITY LIMITS
INS	lewish Conv	1000-1	and.	House	Baltin		YES 🔻
	lewish conv	icosc		40000	E. STREET AND NU	MBER 3909 SPR	INGDALE AVE
1	2					WAXE XXXXXX	
5. S	EX 6. RACE		MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In year	ors If Under 1 Y Months Doy
	FEMALE WHI	TE.	MIDOMED			XXXX 9	3
	USUAL OCCUPATION (Give during most of working life, ever	kind of work 11	OB, KIND OF	BUSINESS OR INDUSTR			12. CITIZEN
	HOUSEWIFE		AT H	OME	Polan	d	65
13. [	FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME	
	LOUIS NEWMARK	<			ESTHER	?	10.50
	Vas Deceased Ever in U. S., no or unknown) (If yes, give v	Armed Force		1 6. SOCIAL	17. INFORMANT		BALMORAL
,163	NO	wor or dures	01 3E14(CE)	215-54-0996	T#1 MD MAIN	RICE CHESLOC	BALMUKAL A
	18.			CAUSE OF DEA	TH MIK. MIKUI	TICL CHESLOC	AP BETW
	(This daes nat meon the heart foilure, osthenio, etc. injury ar camplication which will be a second of the second	If means It ch caused d CAUSES ONS, if an ause (A) s	he disease, leath.)	DUE TO, OR A	Left hen		
ATIC	heart foilure, osthenio, etc. injury ar camplication whice  ANTECEDENT  DISEASES OR CONDITION  ise to the above co UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT  TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	It means it caused do CAUSES  DNS, if an use (A) s last.	he disease, leath.)  Tributing the  Tributing the  Tributing	(B) CVA, DUE TO, OR A	s a consequence of	n's phere	
RTIFIC	heart foilure, osthenio, etc. injury ar camplication whice  ANTECEDENT  DISEASES OR CONDITION  rise to the above con  UNDERLYING CONDITION  OTHER SIGNIFICANT NOT REL DISEASE OR CONDITION GIV  19 A. DATE OF OPERATION	It means if the caused declared declare	he disease, leath.)  TRIBUTING TERMINAL  1 (A).  ITION FOR W	(B) CVA, DUE TO, OR A	S A CONSEQUENCE OF  Left hen S A CONSEQUENCE OF	es or No) 20B. IF YES,	WERE FINDINGS COING CAUSES OF DEAT
CAL CERTIFIC	heart foilure, osthenio, etc. injury ar camplication whic  ANTECEDENT  DISEASES OR CONDITION  ise to the above co UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 194. DATE OF OPERATION	It means it he caused do CAUSES  ONS, if an use (A) so last.  TIONS CON!  LATED 10 THE LEN IN PART  JOSE CON LATED 10 THE LEN IN PART  WAS PERFO  ERLYING SE OF	he disease, leath.)  ny, giving stoling the TRIBUTING TERMINAL 1 (A).  ITION FOR WRMED	(B) CVA DUE TO, OR A  (C) CVA	S A CONSEQUENCE OF  Left heu S A CONSEQUENCE OF	es or No) 20B. IF YES, IN CERTIFYII	WERE FINDINGS COI
CAL CERTIFIC	heart foilure, osthenio, etc. injury ar camplication which  ANTECEDENT  DISEASES OR CONDITION  ise to the above con UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL DISEASE OR CONDITION  21A. ACCIDENT WAS UNDION OR CONTRIBUTING CAUS DEATH (notify medical examination)  21D. TIME (Month) (Do	If means if ch caused d CAUSES DNS, if an use (A) s I lons CONTACTED TO THE CEN IN PART 198. CONDI WAS PERFO ERLYING SE OF inet)	TRIBUTING TERMINAL 1 (A).  1110N FOR W RMED  (Hour) 21E.	(B) CVA DUE TO, OR A  (C)	20A. AUTOPSY? (Y. NO office bidg., INJURY OC	es or No) 20B. IF YES, IN CERTIFYII	WERE FINDINGS COING CAUSES OF DEAT
MEDICAL CERTIFIC	heart foilure, osthenio, etc. injury ar camplication which ANTECEDENT DISEASES OR CONDITION tise to the above con UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDION OR CONTRIBUTING CAUS DEATH (notify medical exami	If means if ch caused d CAUSES DNS, if an use (A) s I lons CONTACTED TO THE CEN IN PART 198. CONDI WAS PERFO ERLYING SE OF inet)	TRIBUTING TERMINAL 1 (A).  1110N FOR W RMED  (Hour) 21E.	(B) CVA DUE TO, OR AS  (C) CVA  (C) CVA	20A. AUTOPSY? (YOU)  In or obout 21C. WHERE office bldg., INJURY OC	es or No) 20B. IF YES, IN CERTIFYII	WERE FINDINGS COING CAUSES OF DEAT
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MEDICAL CERTIFIC	heart foilure, osthenio, etc. injury ar camplication which ANTECEDENT DISEASES OR CONDITION tise to the above con UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDION OR CONTRIBUTING CAUS DEATH (notify medical examination of the contribution of the c	If means if ch caused d CAUSES DNS, if an use (A) s N last.  IIONS CON' LATED TO THE LEN IN PART 198. CONDI WAS PERFO  ERLYING ERLYING SE OF inet)  y) (Year)	ne disease, leath.)  Tributing the tributing tributing the tributing the tributing the tributing tributing the tributing the tributing tributing the tributing tributing the tributing tributing the tributing tributing tributing the tributing	(B) CVA DUE TO, OR AS  (C)	20A. AUTOPSY? (Y. NO.)  in or obout 21C. WHERE office bidg., INJURY OC.	es or No. 20B. IF YES, IN CERTIFYII CUR? (If in CUR?	WERE FINDINGS COING CAUSES OF DEAT
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MEDICAL CERTIFIC	heart foilure, osthenio, etc. injury ar camplication which injury ar camplication which injury are camplication which is a the abave camples to the abave camples are to th	It means if the caused decaysed decayses  ONS, if an use (A) s  Value	TRIBUTING TRIBUTING TRIBUTING TERMINAL 1 (A). THON FOR W RMED  218. hom: etc.)  (Hour) 21E. Whill Worl  attended th alive an d abave.	(B) CVA DUE TO, OR AS  (B) CVA DUE TO, OR AS  (C)  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Year office bidge, INJURY OC	es or No) 20B. IF YES, IN CERTIFYII  DID INJURY OCCUR?  19 ta and that in (my) (and death.  r Staff Phys.   Court Ta	were findings corning causes of death action applicant death action applicant death action applicant actions are seen as a seen action and action applicant actions are seen as a seen action and action acti



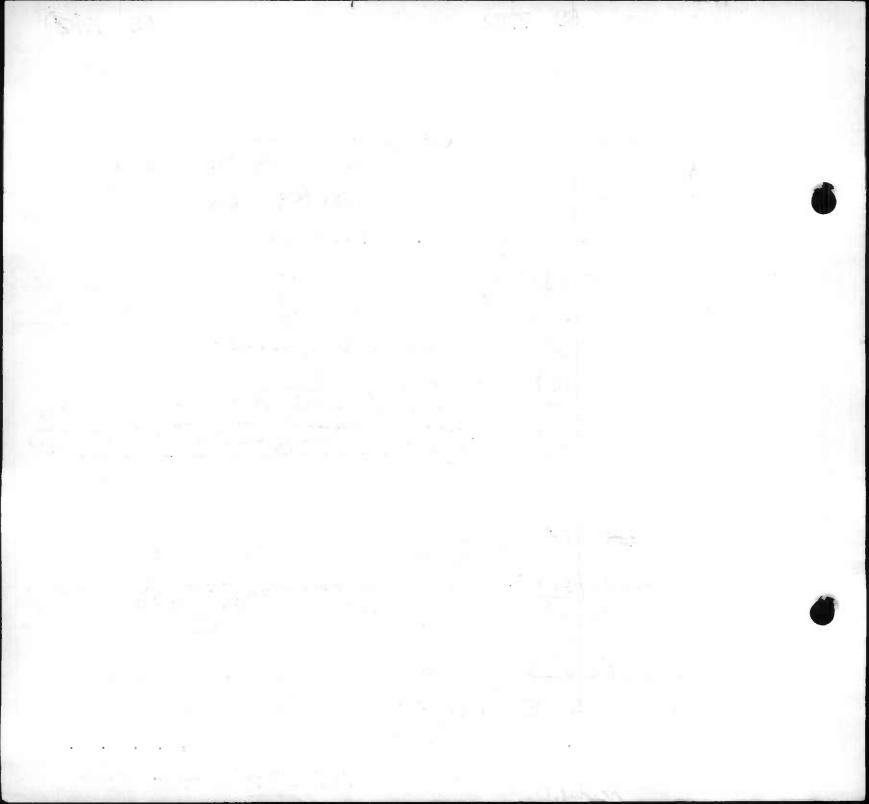
	0	BALTIMORE CITY	HEALTH DEPARTMENT		69	7781
1	K-/55 69 778	31 CERTIFICA	TE OF DEATH	REG. NO		7701
	PE OF DECEASED ROFF M	AN , ETHYL L.	2. DATE AN	7 29 69	1 12	:03 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	ITY O SILA.	B. (	
FL	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS	MARY LAND
1		F BALTIHORE	BALTIMORE		YES 🔛	NO
1/2	12	1	E. STREET AND NUMBER	Janale	846	
5.	FEMALE WHITE WIDOW	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF	WHAT COUNTRY?
do	HOUSEWIFE A	HOME	Baltin	rove, MD.	US	4
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA			
	FRANK LAZARUS		FLORENCE	?		
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
	NO		MR. BENJAMIN H	ROFFMAN.	2421 DIANA	ROAD
	1B. 154.1 I	CAUSE OF DEATI	1			NIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Tanimo	dale		
	(This does not meon the mode of dying,		A CONSEQUENCE OF:			
	heoit failule, osthenia, etc. It meons the dise injury oi complication which caused death.)	dse,				
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if ony, girise to the obave couse (A) stating		A CONSEQUENCE OF:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
	UNDERLYING CONDITION lost.	(C)				
	II					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN					
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSI	DERED
ERTIFIC	WAS PERFORMED			IN CERTIFFING C	AUSES OF DEATH?	
CALCE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exact t	ocation)
000	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	(APPROX)	White At Not While Work At Work				
	22. I certify that (1) (this haspital) attend		(3)	19 69 to	7 - 28	1969.
	that (I) (we) last sow the deceased alive	11 . 1	9 19 69 and th	ot in(my) (our) op	ointon deoth occu	erred on the date
	ond hour ond fram the couses stoted obov	e. (L) (We) (did) (did not) v				
	23A. SIGNATURE		-4: N-4 /	·	23B. PATE SIGN	,
	1.320	OEGREE Phys		5taff Phys.	I July	29 69
	PASICIANS NAME (TYPE) AN GABR	IEL JULHO	23 D. ADDRESS	1 Hosp	ital.	
24	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION	City, lown, or county	(Stote)
	7110711	EBREW YOUNG MEN	BAI	TIMORE, MAR	RYLAND	
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR .	25C. FUNERAL DIRECTOR	)	AD	DRESS STOUM DOAD
	AUG 4 1969 0600 E	Salber M.D.	SOL LEVINSON	& BKUS., 601	U KEISTER	STUWN KUMU
VS	150-PEV 1/1/68					

Recurrent Ca. of sectum

Called Dr. San Galeriel - 8-5-69

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CERTIF	ICATE OF DEATH REG. NO. 69 7782
	Type Anthony Brogan	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	South Baltimore General Hog	Baltimore YES NO [
	43	1424 Batters Ave
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCEI	DI 7/31 C4 (ast birthday) Months Doys Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDid done during most of working life, even if refired)	USTRY 11. BIRTHPLACE (State at faieign country) 12. CITIZEN OF WHAT COUNTRY?
	? Watchman ? Sugar Co.	Iveland USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	- Grosen (Des)	? (Dec)
	5. Was Deceased Ever in U. S. Armed Forces? Yas, na ar unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	
	18 CAUSE OF	Daughter - Same es abour
	DISEASE OR CONDITION DIRECTED RES	BETWEEN ONSET AND DEATH
	(This does not mean the made of dying e.g. A) IMMEDIA: heart failure, asthenio, etc. If means the disease injury ar camplication which caused deaths.	TE CAUSE  OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	a Der Skill Franke Wash
	DISEASES OR CONDITIONS, if any, Siving DUE TO.	OR AS A CONSEQUENCE OF:
	ise to the above cause (A) stating the UNDERLYING CONDITION lost.	conte Sizere Dizarter years)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Ked Literiosolovoic Visalub. year
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING AUSE OF DEATH (natify mosted examine)  218. PLACE OF INJURY home, form, foctory, site of the contribution of t	(e.g., in or about 21 C. WHERE DID (If In Boltimare City, give exact location) eet, office bidg., INJURY OCCUR? INJURY OCCUR?
		1 White Work Park 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I	22. I certify that (i) (his hospital) attended the deceased from.	5/6 1969 10 1969
	that (i) (we) last sow the deceased alive an	
	and haur and from the causes stated above. (i) (We)(did) (did n	nat) view the bady after death.
	John O. E. O. M. D. DEGREE	Attending Med. Staff Phys. 23B, DATE SIGNED
	Sol A-ELLLM	10 South Beltimore General Hogy
	REMOVAL (Specify) 24R. DATE 24C. NAME of CEMETERY of	of CREMATORY 24D. LOCATION (City, town, or caunty) (State)
	Burial Jug. 4 69 Glen Have	
	AUG 4 1969 Paber & Joseph M. A.	25C. FUNERAL DIRECTOR ADDRESS  Mc Cully 130 E. Fort Ave
4	S 150-REV. 1/1/68 N/ 801.0	

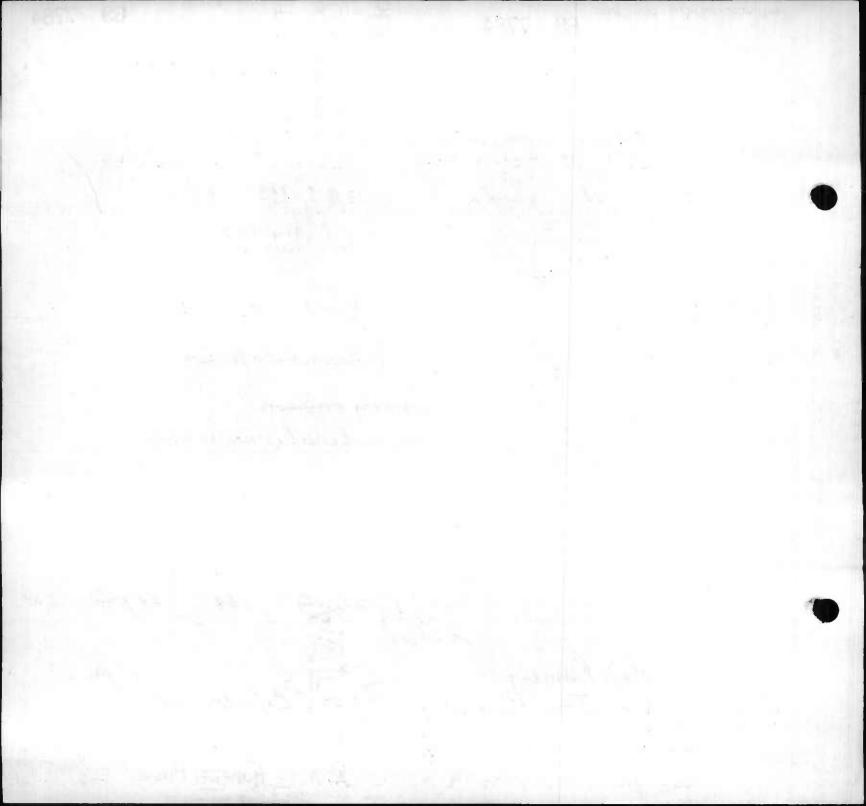


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This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be appraved by the chief medical the bady was released to the hospital by a medical	shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) Na physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

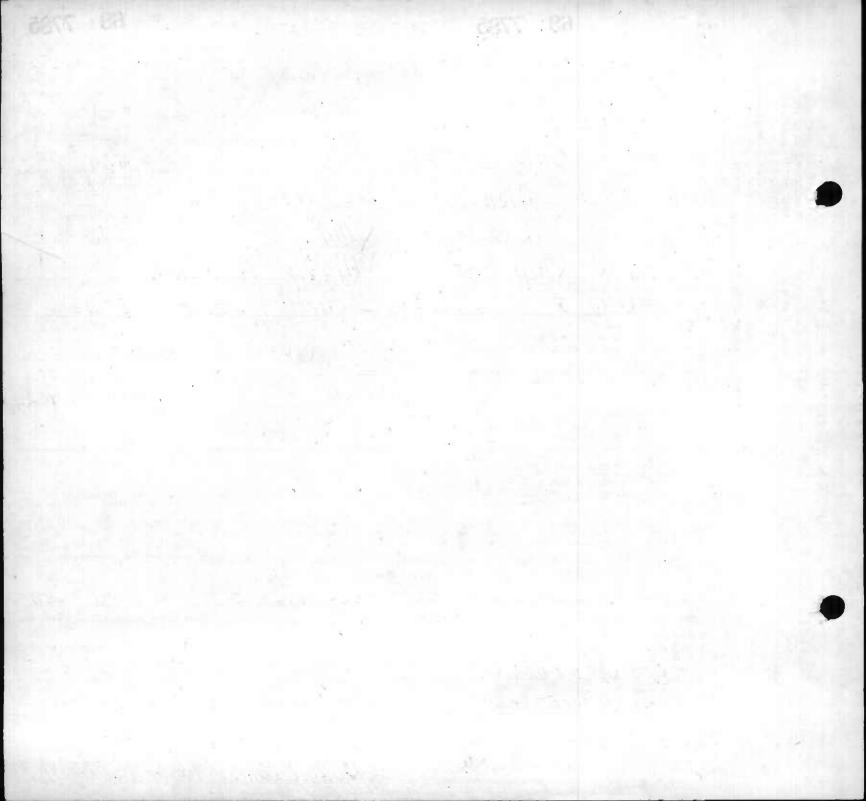
	5-000	CO	mmoo		HEALTH DEPARTME		REG. NO.	69	7785	?
	BIRTH NO.	69	7783	CERTIFICA	TE OF DEA	TH	KEG, NO	00		
	1. NAME OF DECEASED				2. D	ATE AND HO	OUR OF DEATH	4		
	SHAW . FLUR	RENCE EL			J	ULY 31	, 1969	1	2:30 A	
	3. PLACE IN BALTIMOR	E MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENC	E (Where dec	eosed lived. If	institution; re	sidence before o	dmissian)
	FUTNAMENES LA HOSPITAL OR A	DERESS OF LOC	TAL OR INST	ITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		TIMORE	C OUN		300
I	WILKENS &	CATON A	VENUES	3	BALTIMOR	F	D. IN	YES T	NO 📉	
1	40				E. STREET AND NUM	BER	<u> </u>	153	140 🖾	
1	BALTIMORE	MARYLAN	D 2122	79	8 FOREST	DRIVE				
	5. SEX 6. RAC			NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years	II Under	1 Ye . Il Under	r 24 Hrs.
	FEMALE   WH	ITE	WIDOWE	= =	06 08 77	lest bi	irthdayl	If Under Manths	Days Hours	Min.
1	IOA. USUAL OCCUPATIO	N (Give kind of wor		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	at foreign car	untry)	12. CITI2	EN OF WHAT C	CHNTRYS
	done during most of working $Cberk$	life, even if retired)	1	to. Transit	KENTUCKY				SA	OUNTRI
I	3. FATHER'S NAME		Due	to. II alisti	14 MOTHER'S MAIDE	TNI NI AAAF		0.	3 A	
$\parallel$		EDMUNDS		25212						
11,		EDMONDS		DEC'D	(CARTER)	ISABE	LLE		DEC	D
H	5. Was Deceased Ever in Yes, no or unknown) (II yes			SECURITY NO.	17. INFORMANT	RECOR	DIS BA	LTIMO	REDRESD 2	1229
I	NO	NOI	VE	216 03 834	+ ST AGNES	HOSPI	TAL WI	LKENS	& CATO	N AVE
Iſ	18. 431.9	1		CAUSE OF DEATH	1				APPROXIMATE IN	TERVAL
H	DISEASE OR	CONDITION DI	RECTLY					8	ETWEEN ONSET AN	HTA3D DE
II		NG TO DEATH		(A) IMMEDIATE CAU	SE Cerebrovo	rscular	hami	mha	1000	4,
	(This does not med heart failure, astheni	a, elc. Il meons	the diseose		CONSEQUENCE OF:			C. Day	/	<del>/</del>
	injury or complication	π which coused	deoth.)	,					0	
I	ANTEC	EDENT CAUSES		(8)				- 1		
1	DISEASES OR CO	NDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********		-	*************	
II	rise to the obox	DITION lost	stating the	(c)						
I		11		(4/************************************		***************************************	***************************************			
	OTHER SIGNIFICANT OF THE DEATH BUT IN DISEASE OR CONDITION	OT RELATED TO T	HE TERMINIAL	***************						
	OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION 19A. DATE OF OPERA	TION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	NO	or Na) 20B, IN	IF YES, WERE CERTIFYING CA	FINDINOS USES OF D	CONSIDERED	
	21A. ACCIDENT WAS	UNDERLYING	21	R. PLACE OF INJURY le.g., in	or about 21 C. WHERE	DID	fif in Boltima	re City alve	exact location)	
:	DEATH (natify medico	CAUSE OF	hor	ne, farm, factory, street, all	ice bidg. INJURY OCC	U R?	pr in outline		exoct tocollon,	
	2	Day) (Year)	(Hous) 21s	E INJURY OCCURRED	215 110111 51	to fullian a				
	OF INJURY			hile At Not While	21F. HOW DI	D INJURY O	CCUR?			
			We	ark L At Work						
				the deceased fram		1969	to JUL	Y 31	19	59
	that (X) (we) last so				19 69 .	ind that in (	my) (aur) api	inian death	accurred on t	he date
	and hour and from t	he causes stat	ed above. (	1×(Me) (q1q) (414 ×(4) A	ew the bady after de	eath.				
	23A. SIGNATURE			A	•			23B. DATE	SIGNED	
	Valinia 1	Soomwa	no ma	Atter Phys.	ding Med.	Staff Phys.	র	2: .	0 1 0	
	23C. PHYSICIAN'S NAME IType	2000000	11	DEGREE	3D. ADDRESS	- rilya	DALT	LMODE	1D 1 212	20
	GLOR	IA BOONS	SWANG	MD	T ACNES LIC	CDITA	BALT	IMOR <del>P</del> I	MD . 2122	49 41/5
2	4A. BURIAL CREMATION REMOVAL ISpecily)			AME of CEMETERY of CREA		JSPITA	L WILK	ity, town, or	county) (	State)
1	BURIAL	Aug2.	1969	Lorraine Par	k Cemeter	ı Balt	imore.	Maryl	and	
1 2	SA. DATE REC'D BY HEA	HIN DEPTS	25E NAME	OF REGISTRAR	25C. FUNERAL DIRE	making 9	uneral Est	ate	ADDRESS	
	AUG 4 13	DJ Vale	د, باعدا	رابعوا بالمعالي	0 7 7 7	736 Edm	ondson Av	٤.		
V	S 150-REV. 1/1/68					-				

THE SECTION OF THE SECTION 

1	0 110 00 1000	BALTIMORE CITY	HEALTH DEPARTMENT		69 7784
the uch	C-4/0 69 7784 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	30, 1104
L/A	1. NAME OF DECEASED	Clubb	2. DATE AND H	7 9 196	9 11
th.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNC		4. USUAL RESIDENCE (Where de A. STATE A B. COUNTY)	ceosed lived. (f institu	tion: residence before odmission)
deat	FULL NAME OF (IF NOT (N HOSPITAL OR INSTITUTIO HOSPITAL OR . ADDRESS OR LOCATION)	N, GIVE STREET	Maryland		2755
to to	HOSPITAL OR ADDRESS OR LOCATION) Wesley Home, I	000	Saltimore	D. INSIDE (	S NO
r attendance prior to deat e.	140	A	E. STREET AND NUMBER	12	Λ
h .	5. SEX 6. RACE 7. MADDIED TO	1100	B. DATE OF BIRTH 9. A	GE (In years If	Under 1 Yr If Under 24 Hrs.
regular eased p is made	S. SEX 6. RACE 7. MARRIED N	DIVORCED	Sept 8, 1883 1051	birth goy 5	onths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life (even if retired)	SINESS OR INDUSTRY	MI		CITIZEN OF WHAT COUNTRY
as i e de ssitic	13. FATHER'S NAME		1 1 arylun	CI	U. S. TI.
¥ the special	On Known		THE STATE OF THE S		
death ce on inal di	15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
E 4	No	1A 214 930	Wesley Hor	ne Inc.	same
ope	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	H /	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atter	LEADING TO DEATH	(A)IMMEDIATE CAL	SE Musoandial mole	retion	
0 - 5	(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the discose,	(~)	A CONSEQUENCE OF:	· · · · · · · · · · · · · · · · · · ·	
o pr gula emb	injury at camplication which coused deeth.)  ANTECEDENT CAUSES	Porces	un apolining		
4 o o	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	0 0 .	
in	rise to the obove couse (A) sloting the UNDERLYING CONDITION last.	(dellere se	broke cardior uses	ular dissesse	,
vsicia was main	z II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).				
sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION		B. IF YES, WERE FINE CERTIFYING CAUSES	
here the do phy	U 21A, ACCIDENT WAS UNDERLYING 21B, PLA OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g., i	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	((f in Boltimore Ci	ty, give exoct location)
No	DEATH (notify medico( exominer) etc.)	onn, raciory, sweet, or	nee blags, heroki occok.		
(6)	S OF INJURY	URY OCCURRED	21F. HOW DID INJURY	OCCUR?	
xcep and brain	(APPROX.) Work	At Work	2 2 July 196	10 20	Inly 69
(e)	22. I certify that (1) (this haspital) attended the d	27 pry	111	n(my) (mr) opinio	death occurred an the date
ospital death) must be	ond hour and from the couses stated above. (1)	6) (did) (did not) v		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
hospital o death) I must be	23A. SIGNATURE	Atta	nding Med. Staff		B. DATE SIGNED
0	23CANYSICIANS CAMALY	DEGREE Phy	Director Phys		29 July 69
was D.O.A. at a deceased prior written approv	NAME TOOK John Barn	chy	1652 E Belre	lere are	0 1
od p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CRI	MATORY 24D. LOCA	TION (City, 1	own, or county) (Stote)
was D.C decease written	Burial 7-31-69 14	e Glenwo		Washi	ngton, D.C.
dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR .	2SC FUNERAL DIRECTOR.	Pral Home	2 3631 Falls K
	VS 150-REV. 1/1/68	3	4 /10100 1/13mm	ou de	7671 IUIS N



1	1	BALTIMORE CITY HEALTH DEPARTMENT	00	
7007	BURT	TIN NO. 65 69 7785 CERTIFICATE OF DEATH Registered No. —	69	7785
of death of death Deceased e on the ith. Such	1, N	NAME OF DECEASED 2. DATE AND HOUR OF DEATH	1-0.	1.15.
ital of d on th.	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND   4. USUAL RESIDENCE (Where deceased lived, If institu	/	before edmission)
5)		FULL NAME OF (If not in hospital or institution, give street	12	17
- 5 B	1	HOSPITAL OR address or location)  C. CITTOR TOWN (If outside city limits, write RUR.	AL end give tev	vnship)
in a ng ca cause cause attentior to	1	CArlyle Apart ments Mc		
0 + D L d 6		500 W University Phys 500 W University	PKWI	/
occurribu ermine regula eased is mad	5. 5	Note White Manuel Specify/ Dec 7 1896 lest birthdoys		If Under 24 Hrs. Hours Min.
dete dete in r		of during most of working life, even if retired)	2. CITIZEN OF WHAT COUP	HTRY?
dea Und as	13.	PATHEYS NAME PATHEYS NAME 14. MOTHERS MAIDEN NAME	03/	-
disposition disposition disposition	(	Villiam J Rhunhart Mary Ruddick		
e a l	15. (Ye:	Was Deceased Ever in U. S. Armed Ferces 16. SOCIAL 17. INFORMANT Spoor unknown) (If yes, give war or dates of service) SCURITY NO.	ADDRES	S
	-	18 WW I SUSSE OF DEATH	SZM	L BETWEEN
his a fo, if fany nced enda d or		At a st	ONICET A	ND DEATH
Als Als artt		(This does not mean the made of dying, Eq., A) Corebral was cular occ	le 510	4
er. ctu pro pro		heart failure, asthenia, etc. It means the disease,	insto	withy
min fra ho egul		ANTECEDENT CAUSES  (B) A S C V D  DUE TO	man	y year
ex ex 3) A N n r		DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stelling the (C)		
0 0 =		UNDERLYING CONDITION last.		
medica y burns, physici ian was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
by a body a the hysici	RTIFIC	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE:	S OF DEATH?	ERED
the (2	CAL CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	ly, give exoct lo	iceñon)
	MEDIC	OF INJURY		
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007-		that (1) (we) last sow the deceosed olive on NEVEK 19 and that in (my) (aur) apinior and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	i death accur	ed an the date
dent dent deat deat must			B. DATE SIGNE	
a h		A.D. Altending Med. Steff Phys. Director Phys. Director Phys.	7/31/	69
y was rely was rel(1) An acc		CPHYSICIAN'S WAME (Type)  HANS 7. KOETTER  M.D. JGOO HAR FORD IS	POAN	RAIN
	24A	THE STATE OF THE S	lown, or county)	(Stote)
	K	Surial 8-2-69 Wood Lawa (em Wood kwa) 13	2/166	Med
the bod shows: was D.G decease	25A	A. DATE REC'D BY HEALTH DEPT. 248. N. ME OF P. GISTRAR 259. UNERAL DIRECTOR	13,00	2 m
	VS	150-REV. 1/1/65 Bu What MB ang In	1027	10 1114



## 5-525 69 7786 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EVALAINIEDIC	CEDTIFICATE	OF	DEATH
MEDICAL	EVAWIIJEK 2	CERTIFICATE	Or	DEATH DE

-	7-29	5	MED	ICA	L EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	77	786
	TH NC.								XEG. 140.2			
	NAME OF DEC	EASED	GUY J	OHNSO	ON	2. DATE OF DEATH	Known 🖺	Month July	31, 1969	Year	Hour	
4. 1	PLACE IN BAL	TIMORE, MA	ARYLAND, Y	VHERE P	RONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	м.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	STITUTION, GIVE STREET		UNCED DEAD	July	31, 1969		9:45	М.
1			ryland			A. STATE	Maryland	oete used in	B. COUNTY	12	06	isionj
6. 5	SEX	7. RACE		8. MAR	RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
M	ale	White	2	WIDO	WED DIVORCED		Baltimore		YE	1 X	NO 🗆	
9. [	ATE OF BIRTH	1	lost birihdo		ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	2606 Mary	land A	venue		133	
11,	BIRTHPLACE (S	tote or farely			12. CITIZEN OF WHAT COUNTRY?	13. FATHER		9	1411111			45
14A.	USUAL OCCUI	PATION (GIV	re kind of work	148. KINI	U.S. D OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
done	during most of w	orking life, ev	en if reilred)					?				
16. (Yes	WAS DECEASE , no or unknown) NO	O EVER IN	U.S. ARMEI	of service	57   17. SOCIAL SECURITY NO. 217-26-6188	Mrs.	Joyce Ruc	cker 7		DRESS Figh R	d.	4
	19.	10.			CAUSE OF DEA	TH					ROXIMATE IN	
	DISEASI	OP COND	ITION DIRE	CTIV						BETWE	EEN ONSET A	NO DEATH
		EADING TO		CILI	(A)IMMEDIATE	PALISE	Laennec	's Cir	rhosis			
	(This does no	of meon the	mode of dy	ing, e.g.,		AS A CONSEC	UENCE OF:					
	Injury or com	plication whi	ch coused de	oih.)								
	AA	ITECEDENT	CAUSES		4-1							
	DISEASES C	R CONDITI	ONS. IF ANY	, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	G CONDIT	USE (A) STATION LAST.	TING THE								
S					(c)							
CERTIFICATION	TO THE DEA	TH BUT NO	II NDITIONS CO TRELATED TO GIVEN IN PA	THE TERM	MNAL							
F					FOR WHICH OPERATION W	AS PERFORM	LED			21. AUTOF	PSY? (Yes o	r No)
히	7.									Yes		
Z	22A. EXTERI	NAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	If in Soltima	re City, give exoc		,	
	UNDERLYING UTING CAL	JSE OF DEA			home, form, foctory, street, offic	e bidg., etc.) I	NJURY OCCUR?			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	OF INJURY	Monih) (I	Doy) (Yeor	r) (Hou	r) 22E.INJURY OCCURRED		2F. HOW DID IN.	JURY OCC	UR?			
	(APPROX.)					WHILE ORK						
	23.			. [		ाच्य						
		fy that I h		nquiry (	Contractor Contractor	topsy X			death in my			
	result	ed from: N	latural cau	505 K	Accident Sulcid	de 🔲 Ho	omicide 🔲 🗆	Undetermi	ned manner L			
	ACTUAL	101		1	1,-	_	CHIEF MEDICAL E	XAMINER		1	DATE SIGN	VED
	SIGNATU	IRE	M	1-	Jaklem.	ASSI	STANT MEDICAL E	XAMINER	KI			
	EXAMINE NAME (T	ype}	Charles	S.	Springate, M.D.	ASSC	CIATE MEDICAL E	XAMINER	☐ Ju	ly 31	, 1969	
24.4 RE1	BURIAL CREA MOVAL (Specif Burial	AATION,	8/4/6°	9	24C. NAME of CEMETERY Lorraine P		24D. 1	LOCATION Ba	(City, town,		(Stot	le)
25 /	DATE REC'D	BY HEALTH			IAME OF REGISTRAR	25C. 1	UNERAL DIRECTO			DRESS		
	AUG4	1969	abert		Ber M.D.				th #rd 3		estnu	t Ave.
VS	51-REV. 7/1/68				7 5 7 ()	7	7	<del>}</del>	- J- J			

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	0	36	=	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	99	
	8	+	ite	111	written approval must be	
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B-200	69	7787		HEALTH DEPARTM		REG. NO.	69	מיסמילי
BIRTH NO.	00,	1.101	CERTIFICA	TE OF DEA		OUR OF DEATH		J. (O.),
(Type or Print)	HN A		BECK		July		969	240 A
3. PLACE IN BALTIMORE	MARYLAND, WHERE	PRONOUNCE	ED DEAD	4. USUAL RESIDENCE	Where	ceosed lived. If ins	titution; resid	ence before odmission)
FULL NAME OF (IF HOSPITAL OR A	NOT IN HOSPITAL O	R INSTITUTION	N, GIVE STREET	MARYL C. CITY OR TOWN			DE CITY LIMIT	1307
				BALTIM	DRE	J. 114316	YES P	No
MNION W	EMORIAL	HOSP	ITAL	E. STREET AND NUM	ABER	VE STREE		
5. SEX   6. RAC	1 14	ARRIED N	IEVER MARRIED	8. DATE OF BIRTH	19. A	GE (in vegrs		Yr. If Under 24 Hrs.
	ville WI	DOWED	DIVORCED		70	birthdoyl	Months Do	ys Hours Min.
10A. USUAL OCCUPATIO	N (Give kind of work 108.	KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign c	country)	12. CITIZEN	OF WHAT COUNTRY?
NONE	,			MARYLA	MJD D		AME	RICAN
13. FATHER'S NAME				14. MOTHER'S MAID	ENNAME		<u> </u>	
THOMA	B BECI	<		Rose	FISH	ER		
15. Was Deceased Ever in (Yes, no or unknown) (If yes,		service) 16.	SOCIAL	17. INFORMANT			AD	DRESS
NA	g 0 HO! 31 GOIGS 01	2	SECURITY NO.	, CHAR	T			
18. // > ->	Õ1		CAUSE OF DEATH	1			I A	PPROXIMATE INTERVAL
DISEASE OR	CONDITION DIRECT	LY	0	ESPIRATORY	501	1110 =		VEEN ONSET AND DEATH
	NG TO DEATH		(A)IMMEDIATE CAU		1 -41	LUKE	-	2 weeks .
heart failure, astheni	n the mode of dying, etc. It means the n which caused deat	disease.		CONSEQUENCE OF:			*****	
ANTEC	EDENT CAUSES		CHRON	C OBSTRUC	rive d	LUNG DISE	ASE U	1 cons
DISEASES OR CO	NDITIONS, il any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:			6	
rise to the obov	e couse (Al sioli DiTION lost	ng the		ESTIVE H		FAILUR	E	
	11							
TO THE DEATH BUT N	ONDITIONS CONTRIE	LANIMAL	**********************	******************				***************************************
19A-DATE OF OPERA	TION 198 CONDITION WAS PERFORM	N FOR WHICH	H OPERATION	20A. AUTOPSY? IVe	s or No) 20 (N	B. IF YES, WERE FI	NDINGS CO SES OF DEA	NSIDERED TH?
OR CONTRIBUTING	UNDERLYING CAUSE OF examined	218, PLAC hame, far etc.)	CE OF INJURY (e.g., in m., foctory, street, off	or obout 21C, WHERE	DID UR?	(il In Boltimore	City, give ex	oct locotion)
MI LOW TAX SECTION	(Doy) (Year) (He	ud 21E INJU	JRY OCCURRED	21F. HOW D	ID INJURY	O CCUR?		
(APPROX.)	Prince Control of the	While At Work	At Werk					
22. I certify that (I	(this hospital) att			7 - 23	196	5ta	7-3	1 1969
that (1) (we) lost so	w the deceased of	ve on	1/31	19 69	ond that it	(my) (our) opini	ian deoth o	ccurred on the dote
	he causes stated a	bove. (1) (We	) (did) (did nat) vi	ew the bady ofter d	leath.			
23A. SIGNATURE	A Dam	Int.		4	- 1		23B, DATE SI	GNED
	901810	vous	DEGREE Phys.		Shaff Phys	.0	7/	31/69
23C. PHYSICIAN'S NAME (Type)	. A. BRA	10	M.D	UNION N	1 Emo	RIAL H	OSPITI	92
24A. BURIAL CREMATION REMOVAL (Specify)	, 24B. DATE	24C.NAME	of CEMETERY of CRE		24D. LOCA		, town, or co	
BURIAL	8/2/69	6	PRRAIN	E PARK	BA	LTO, M.	D.	
ALICA 1969		NAME OF RE		25C. FUNERAL DIE	ECTOR	- XZ		ADDRESS
VS 150-REV. 1/1/68	0.00	6.8	4 11	any.	-	covery	161/	Common

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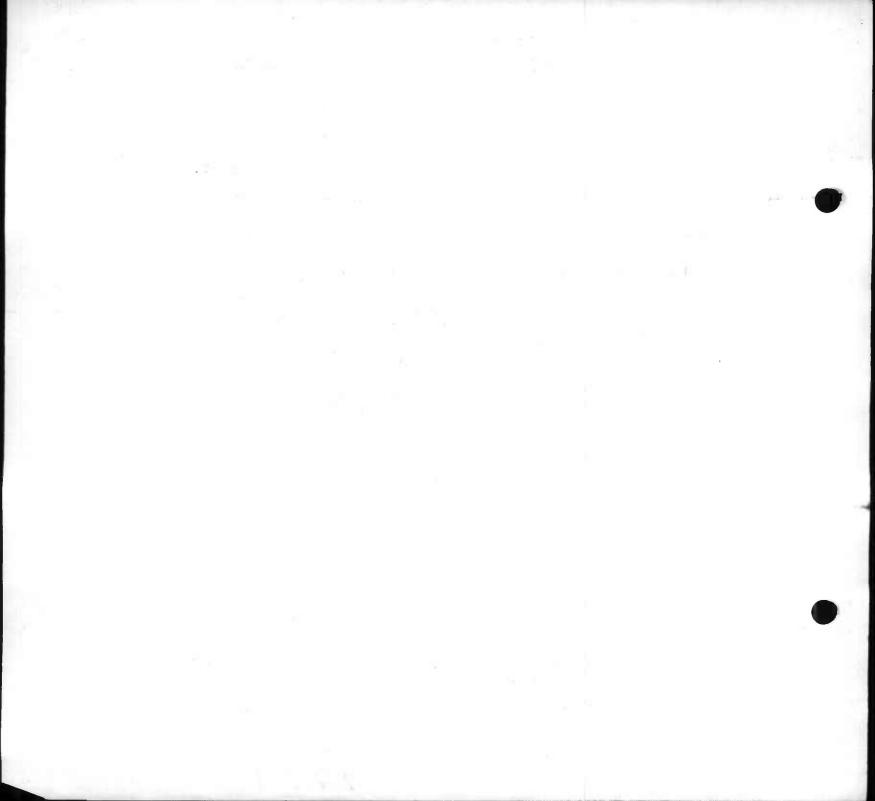
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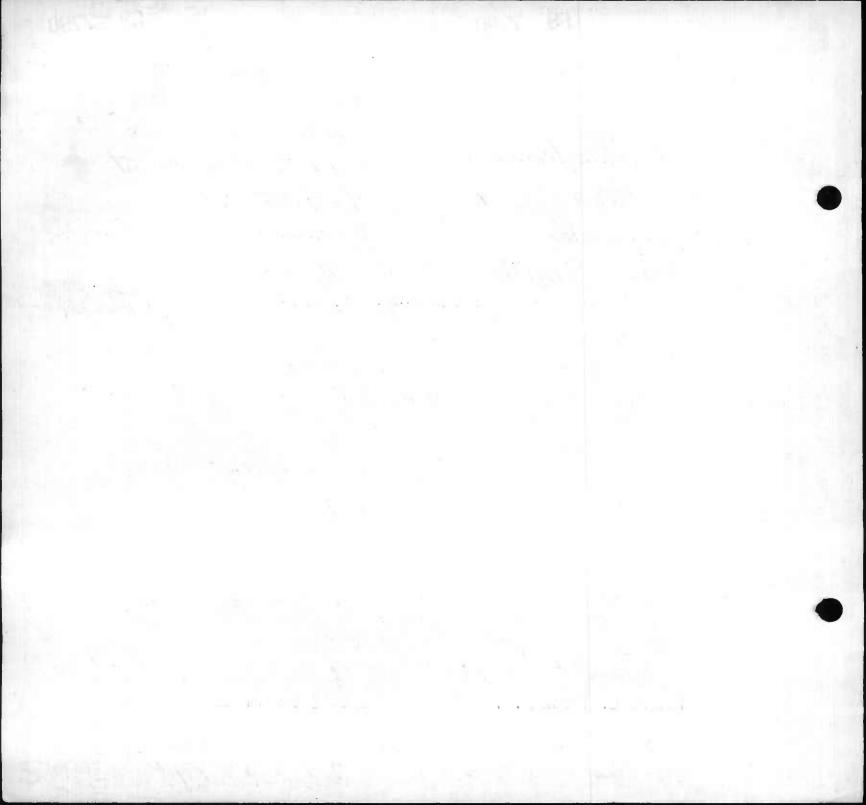
C. H. BRATC H. J. LEINE MENLEIAL PRIMITELL



(Ту		RL WILLIAM	45 6	AM 7/31/6	9
FU HC IN	PLACE IN BALTIMORE, MARYLAND, WHERE  LL NAME OF (IF NOT IN HOSPITAL OF SPITAL OF ADDRESS OF LOCATION  WITH THE RAM 1405917	R INSTITUTION, GIVE STREET I)	A. STATE  MARY L.  C. CITY OR TOWN  BA CT I	YORZ	NSIDE CITY LIMITS? YES NO NO
10A	TZ-NAIZ 1	ARRIED NEVER MARRIED DOWED DIVORCED KIND OF BUSINESS OR INDUST	3/28/6	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours 2 20 12. CITIZEN OF WHAT CO
11	FATHER'S NAME Gambrill T Willian	ms	14. MOTHER'S MAI	Y WILLIAMS	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	GRANDMA	OTHER CMAT	MS ADDRESS  SAMZ
ICATION	ITISE ID THE ABOVE COUSE (A) SIDIO UNDERLYING CONDITION TO THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TELLOPER OF CONDITION GIVEN IN PART 1 (A) 179A. DATE OF OPERATION 179B. CONDITION	(C)	20 A. AUTOPSY? (1)	res or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
AL CERTIF	WAS PERFORM  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e., home, form, foctory, street,	., in or obout 21 C. WHER	E DID (If in Bolti	CAUSES OF DEATH?
MEDICA	DEATH (notify medical examines)  21D.TIME (Month) (Day) (Year) (Ha OF INJURY (APPROX.)	While At Not Work	hile	DID INJURY OCCUR?	- S.
	22. I certify that (I) (this haspital) att that (I) (we) last sow the deceased all and hour and from the causes stated a 23A. SIGNATURE LAW IS NAME (Type)	bove. (I) (We) (did) (did not	view the body ofter  Attending Med. Direct    23D. ADDRESS	or Stoff Phys.	opinion death occurred on the
	KYI KYI CWIN	24C. NAME of CEMETERY OF	EE LUTHER CREMATORY	AM IN-OSPI	(City, town, or county) (
	A. BURIAL CREMATION, 24B. DATE		CREMATORY	24D. LOCATION	(City, town, or county)

- William Messale For 100 m 100m 10 150 CONTRACTOR STATE haproley forms 40/10/2 60/00/2

	11	150		CO	1-00mm and a	BALTI	MORE CITY	HEALTH D	EPARTMENT			ĊO	Politica
	10-	305	)	99	7790	CER	TIFICA	TE OF	DEATH	RE	G. NO	09	7790
		OF DECEAS	ĘD		6	1		1		ND HOUR	OF DEATH	5	7/
	(Type or P	rint)	RUG	le		149	ens	/		7/30	/6	9	2-30 M.
	3. PLACE	IN BALTIM	ORE, MARY	AND, WHI	ERE PRONOU	NCED DEAL	D	4. USUAL A. STATE	RESIDENCE (W)	ere deceosed	lived. If in	stitution; reside	ence before odmission)
	FULL NA	ME OF	(IF NOT IN	HOSPITAL	OR INSTITU	TION, GIVE	STREET	md	,			11	03
	HOSPITAL	OR ON	ADDRESS	OR LOCATI	ON)	, ,		C. CITY OR	TOWN		D. INSI	DE CITY LIMIT	5?
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ade	5. SEX	6.1	RACE	7.	MARRIED	NEVER M	APPIED [7]	8. DATE OF	BIRTH	9. AGE (In	yeors	If Under 1	
E	2	/	NON	4	WIDOWED	=	ORCED	1/2	6/1895	lost birthdo	2	Months Do	ys Hours Min.
.5	IOA, USUA			nd of work 10	B. KIND OF	V		11. BIRTHPL	ACE (Stote or for	eign country		12. CITIZEN	OF WHAT COUNTRY?
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sit		R'S NAME	COL						R'S MAIDEN NA				
disposition	4	Amos	-	Sm	176			7	naple				
			er in U, S. A		s?	6. SOCIAL		17. INFORM	ANT		4	30	iopess N. Homa
final	Tres, no or	unknown) (II	yes, give w	or or dotes	of service)	SECURIT	1 No. 9/6-	- Ob	ARTT		Gom	2 to	rusce haning ou
lim.	18.	113	V 21			CAUS	E OF DEAT	H AND	ERIOS	8011	2007	- (a   ^	PPROXIMATE INTERVAL
o P	17	DISEASE	OR CONDIT	ION DIREC	CTLY			ME				BETV	TEEN, ONSET AND DEATH
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alm	heori	failure, ost	mean the henio, etc.	I means Ih	e disease,	DU	JE TO, OR AS	A CONSEQUE	NCE OF:			/	,
mb	injury	*	atian which		eath.)	C	ART	FR	105C	LETE	2050	5	1ean
9	DISEA		CONDITIO		v aivina	(B)	JE TO. OR AS	A CONSEQU			- 0	/	
ā	rise	la lhe	abave cau	se (A) s		30,						_ [	
ains	UND	ERLTING C	ONDITION	lasi.		(C)							
Ε	Z OTHE	RSIGNIFICA	NI CONDITI	ONS CONT	RIBUTING		DAK.	FITH	E He	JAR7	17	LURC	
T.	F TO TH	IE DEATH B	UT NOT RELA	TED TO THE	TERMINAL		20090	73/10	0 110	///	////	2-20	· · · · · · · · · · · · · · · · · · ·
the	Ma Common	ATE OF OP		98. CONDI	TION FOR W	HICH OPER	ATION	20 A. AU	OPEY? IYes or N	IN CERT	YES, WERE F	FINDINGS CO	NSIDERED TH?
ore	21A. A	CCIDENT	WAS IINDE	NAINEL	218 (	DI ACE OF II	NILIBYIA	n or about 211	C. WHERE DID	n	f In Baltimary	e City, give ex	ast lacation)
e	OR CO	ONTRIBUTIN	WAS UNDE	OF	home etc.)	, form, focto	ory, street, o	ffice bldg., IN	JURY OCCUR?	1)	i in ponimore	e City, give ex	oct locotion
q p	O 21 D. T		onth) (Doy			INJURY OC	CHRRED	211	F. HOW DID IN	LUBY OCC	1.02		
0	OF IN	JURY	tomin (Doy	(1600)	While	AI [	Not Whil		. HOW DID IN	JUKI OCC	OK:		
tain			(A)		Work		AI Work	11 11	1 26	10	T	110	30 60
obt		-			attended th	30	5019	1 19	69	19 0/		17	securred on the date
pe			st saw the						*		(aur) apii	nian death c	ccurred on the date
must		GNATURE	am the cau	ses stated	a abave ((1)	(ne) (alg)	(aia nat)	riew the bac	ly after death.			23B. DATE S	IGNED
	7	· ch	and .	7	12	(An)	Atte	ending	Med. Director	Staff Phys.		7-3	30-69
0 >	23C.P	HYSICIAN'S		12	1	0 000	DEGREE	23 D. ADDRES		rnys. —			
Dro		chard	L. T	yson	M.D.			2320	Eutaw	Place			
approval	24A. BURI	AL CREMA	TION, 24B.			ME of CEM	GEGREE ETERY or CR			LOCATION	(Cir	ty, town, or co	ounty) (Stote)
	-	OVAL (Spec	iry)	2/1.16	0 1	e chi		Comet		n-1:		20.3	
written	25A. DATI	rial E REC'D BY	HEALTH DI	P) 4/0	SB NAME OF	REGISTRAR	uburn	Cemet 25C. FUI	NERAL DIRECTO		imore	e Md	ADDRESS A
3	Α:	UG4	1969	Jobers.	E. Jank	the west	0 5	7 %	11/2	17	1117	90611	Mitt Hoe.
	1/5 1 50 BF	1/ 1/1/40							111	100	411		



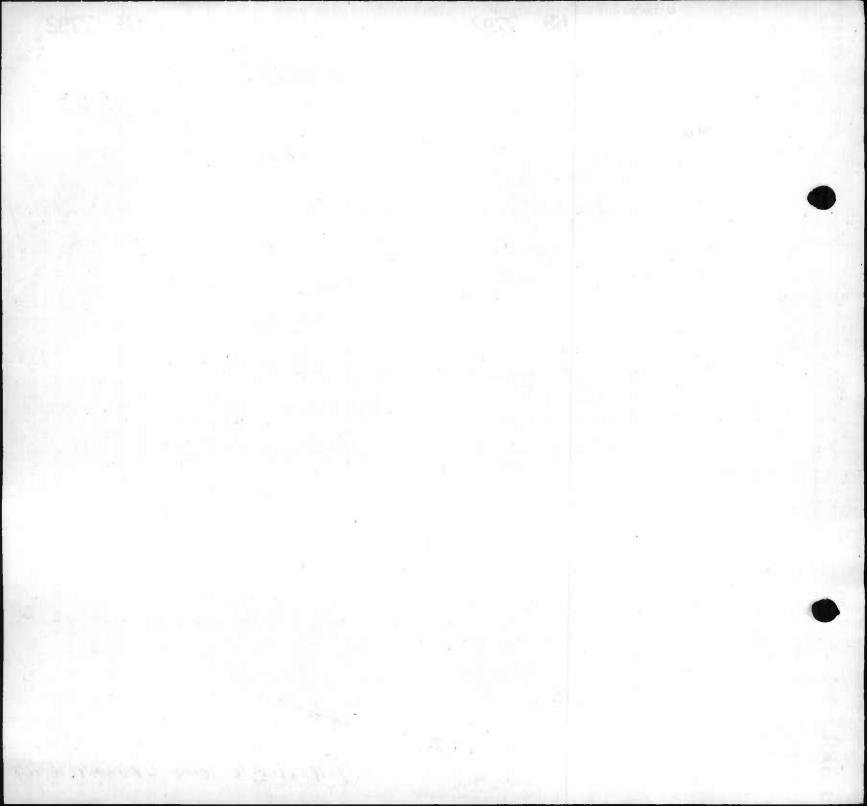
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1	3-64	0	MED	ICAI	ŧ	AMINER'S			OF D	DEAT	н.	6	9	77	91
BIR	TH NO.									,	REG. NO.				
	NAME OF DE						2. DATE	Known 🗌	X	Month	Doy	Yeo	r	Inur	
Сіўр	e or Prini)	EZEKTA	HEZEK:	IGH)	BR	RILEY	OF DEATH	Estimoted		July.	31, 196	59			
4. P	LACE IN BAI	TIMORE, M	ARYLAND, V	HERE P	RONOL	JNCED DEAD	3. DATE			Month	Doy	Yeo	or I	lour	М.
HOS	NAME OF	(IF NO	OT IN HOSPITA	LORINS	TITUTIO	N, GIVE STREET		DUNCED DEAD		July	31, 196	59	1	8:30	A. M
(	0	1318	Myrt1e	Aven	ue		A. STATE	RESIDENCE (W	_	eceased liv	B. COUNTY	residen	7	O 3	sion)
6. S	EX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY O				D. INSIDE CI	TY LIMIT	5?	- 0	
7	Male	Negr	0	WIDON		DIVORCED [		Baltimon	re			- FX		m	
9. D	ATE OF BIRT		10. AGE (in			er I Yr. II Under 24 Hrs.	E STREET	AND NUMBER			Y	s A	NO		
			lost birthdo	y)	Monihs	Doys Hours Min.	E, SIKEEI	1318 My		e Aver	nue				
i]. E	North	Carol	ina.ina			TZEN OF	-	hn L		iley					
14A.	USUAL OCCU	PATION (GI	ve kind of work	148. KINE	O OF BU	ISINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME						-
done	durin Inabic	Michigan policies	ven if retired)					ma	TANIE.						
16. \ (Yes,	NAS DECEAS	ED EVER IN	U.S. ARMED	FORCE:		7. SOCIAL 2485UULN535	18. INFOR	James	Br	iley	,215	DORESS Unio	n	A Ve	N.
I	9. /	5 /				CAUSE OF DEA							-	XIMATE IN	Cit
	410	314												ONSET A	
			DITION DIREC	CTLY		Arterios	clerot	ic cardio	ovas	cular	diseas	e			
		LEADING T				(A)IMMEDIATE C	AUSE								
	(this does n	of meon the	mode of dy	ng, e.g.,		DUE TO, OR	S A CONSE	QUENCE OF:							
	injury or con	nplication wh	ich coused dec	ih.)											
		ITCCCCCLNI	CAUCES				•								
П		NTECEDENT	IONS, IF ANY	GIVING		DUE TO, OR	AS A CONS	FOLIENCE OF							
	KIZE TO THE	E ABOVE CA	LUSE (A) STAT	ING THE		DOL 10, OK	43 A CONS	EQUENCE OF							
Z	UNDERLYIN	G CONDI	ION LAST.			(c)									
알			II		-										
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL										
2						HICH OPERATION WA	S PERFOR	MED				21 ALC	TORCI	/? (Yes o	r NaV
Ö							J I EKI OKI	1125				21. AU	IOPS	il fies o	140)
7/2	ZA. EXTERI	NAL CALLER	1010.5											No	
2	UNDERLYING		ITRIB-		home, k	ACE OF INJURY (e.g., orm, foctory, street, office	bldg., etc.)	22C, WHERE DI	ID (II Ir	n Boltimore	City, give exo	ct location	n)		
Σ	2D. TIME	Month) (	Doy) (Yeor	(Hou	r) 22E.	INJURY OCCURRED		22F. HOW DID	INJUR	RY OCCU	R?				
	OF INJURY (APPROX.)						WHILE [								
	3.				m. WO	RK L ATW	ORK L								
	1 cert				] _i	nspection Aut	opsy 🗌	and that or	n this	basis,	death in my	pinlon			
	result	ed from: N	latural cous	es X	Act	Ident Suicid	• 🗌 н	omicide .	Und	determin	ed monner				
		01	0	1		1		CHIEF MEDICA							
	ACTUAL	14	A 1	1	OX	-M	ACC	ISTANT MEDICA			$\overline{\mathbf{x}}$		DA	TE SIGN	IED
	SIGNATU		1		-17	MD									
	NAME (T	ype)		S.		ngate, M.D.		OCIATE MEDICA	AL EXA	MINER [	Ju	1y 3	1,	1969	
REM	BURIAL CREA OVAL (Specif	AATION,	248. DATE		24C.	NAME of CEMETERY	CREMATO	DRY 24	4D. LO	CATION	(City, Iown,	or coun	ly)	(Stot	e)
	urial		8/6/6	9		Mt aubu	rn C	emetry	1	Ralt	imore	Md			
25A.	DATE REC'D	BY HEALTH			AME O	F REGISTRAR		FUNERAL DIRE		JUL U.					
	8110 4	1000		4	-					2 2		DRESS			
	AUG4	1303	Valent	C. 4	مي	, M.A.	A	Halst	tea	a T	206 W	or	th	AVe	
/5 13	51-REV. 1/1/68				13	9 11 21	7	7 6							

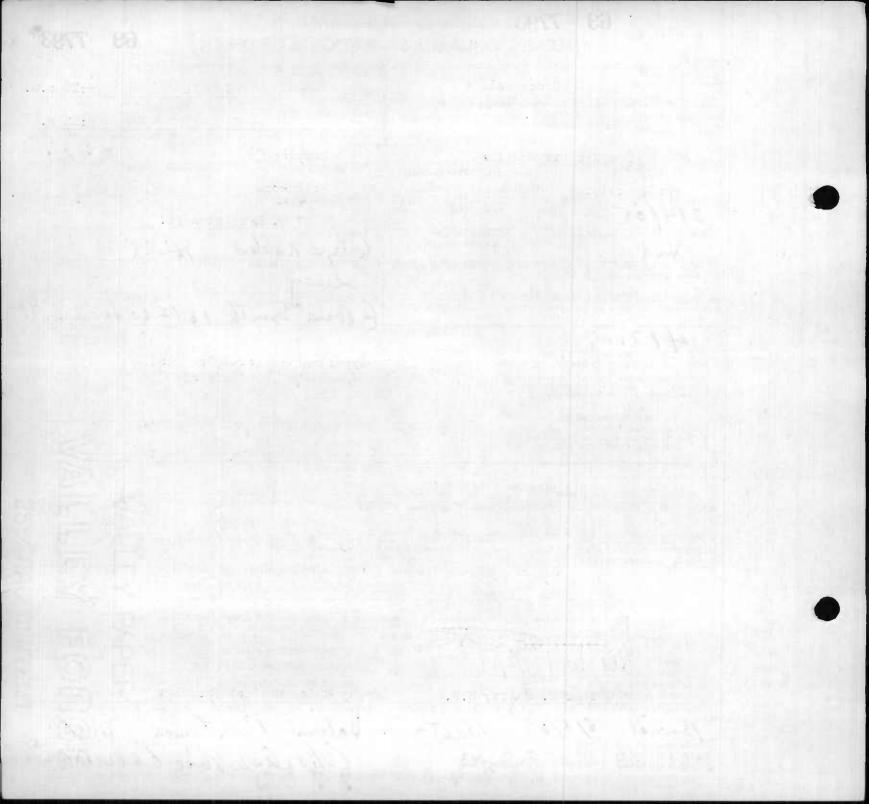
THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY during constitut construction of the party desired

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0 (5)	BALTIMORE CITY	HEALTH DEPARTMENT		00 1990
G-650 69 779	32 CERTIFICA	TE OF DEATH	REG. NO.	69 7792
1. NAME OF DECEASED	,		HOUR OF DEATH	19
GEORGE W. GR	EEN	8 - 6	2-69	3:43 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	IOUNCED DEAD	4. USUAL RESIDENCE I Where A. STATE 8. COUNTY		otion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
46		BaH:mole 6	YE	s No 🗌
LUTHERAN HUSDITAL		1714 HARLE	M AUE.	
	ED NEVER MARRIED		AGE (In years It must birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
WIDOWE		7-10-93	76	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OF SUSINESS OF HADOSIN.	AA )	n country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	F	4.5.
L == 00 ( )	II.	1/24/ 8	Janson	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	7 00-	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service	e) SECURITY NO.	01100-		
18.3 0 3 4	CAUSE OF DEATH	H LIAK I		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		DI	0 `	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying, e.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	of failure	
heart failure, asthenia, etc. It means the diseast injury ar camplication which coused death.)		A CONSEQUENCE OF:	U	
ANTECEDENT CAUSES		Diamon & Ca	ma .	
DISEASES OR CONDITIONS, if any, givin		A CONSEQUENCE OF:	710	
rise to the above cause (A) stating to UNDERLYING CONDITION last.	he (C)	Mechalism		
11				
O THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	SINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i) home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(It in Baltimore Cit	ity, give exact location)
D 21D. TIME (Month) (Doy) (Year) (Hour) 2	21 E. INJURY OCCURRED	21F. HOW DID INJU	PY OCCUR?	
	While At Not While Work At Work	le 🗖	K1 0000	
22. I certify that (I) (this hospital) attended			969 to 8 .	2, 19.63
that (I) (we) last saw the deceased alive or	1 1/1		t in(my) (9xxf) apiniar	n death accurred on the date
and haur and fram the causes stated above.	, (I) (We) (did) (did hat) v	new the bady after death.	100	
3un Shhar	Atte	ending Med. S	Stoff N	8.2.69
		s. Director P	Phys.	8.2.00
23C. PHYSICIAN'S NAME (Type) ZAHEER AHMA			IN HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C.	DEGREE , NAME OF CEMETERY OF CRE	7		town, or county) (State)
Burnal 8/6/69	3- Otnina	o notand	2 of Finos	med.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C PUNERAL DIRECTOR		610. Barres
AUG 4 1969 Robert E. Farber	129 B	6 hacks	W-Stice 6	61W.15arrest

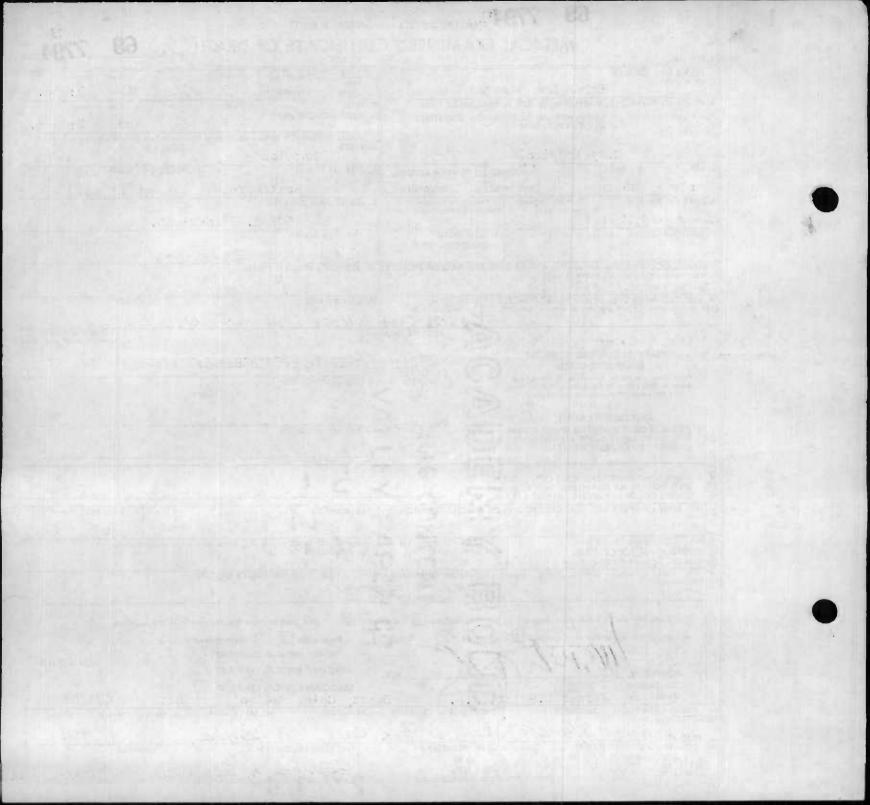


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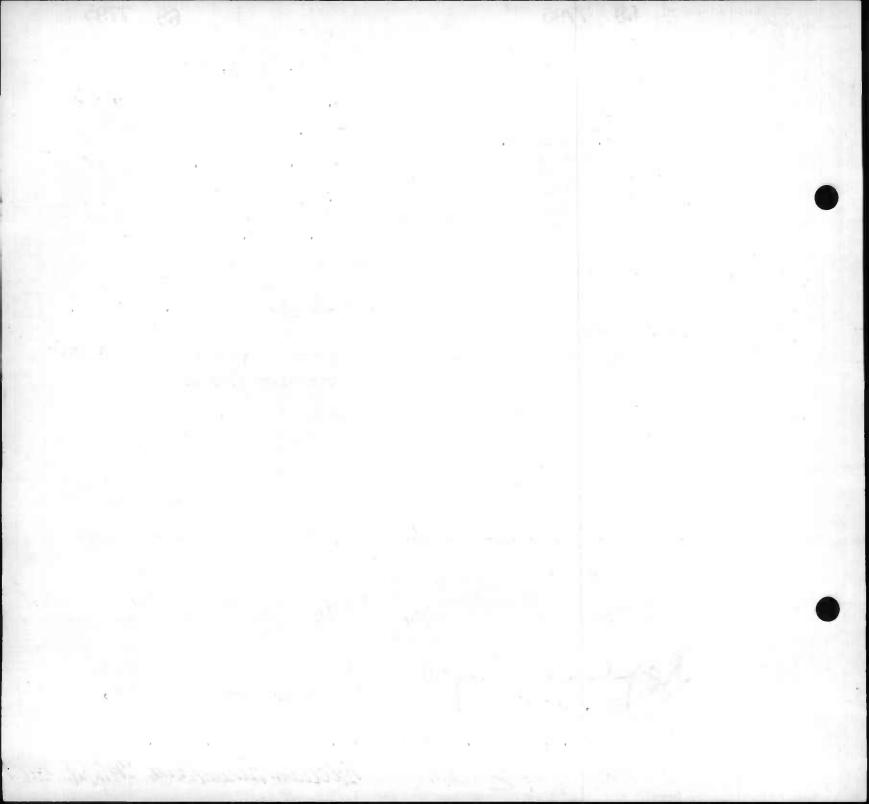
69 7794 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 BIRTH NC. 1. NAME OF DECEASED 2. DATE OF DEATH Known 🖾 Month Doy Yeor Hour Eston Lee Chapman 2:05p. M. Estimated 31 69 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Hour Yeor FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD 31 69 2.05 p

OR INSTITUTION				5. USUAL RESIDENCE (Where decested	d lived. If Institution: residence before admission)			
City Hospitals				IA. STATE  B. COUNTY				
6. SEX	17. RACE			Maryland	2.003			
		8. MARR	IED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?			
male	white	WIDOW		Baltimore	YES NO			
DATE OF BIR	TH   10. AGE	(in years	If Under 1 Yr.    Under 24 Hrs Months   Days   Hours   Min.	E. STREET AND NUMBER				
6-10-1	9/5	54	Monnis Days Hours Min.	607 S. Pul	laski St			
I. BIRTHPLACE	(State or foreign country	)	2. CITIZEN OF	13. FATHER'S NAME	COUNTY OF S			
			WHAT COUNTRY?	F 1000 000				
A.USUAL OCC	UPATION (Give kind of we	vkl148, KIND	OF RUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	PPIAN			
one during most of	l working lile, even it retire	d)		2 0				
SHIPPING	CICRK.			) Dec	ceased			
es, no or unknow	n) (If yes, give wor or dot	es of service)	? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS			
P			232-26-533	H Lillian Chabman	CO75 Pulaski			
19.	2.4		CAUSE OF DEA		APPROXIMATE INTERVAL			
DISEA	SE OR CONDITION DI	DECTIV			BETWEEN ONSET AND DEATH			
DISCA	LEADING TO DEATH	RECILI	Arteri	osclerotic cardiovasc	ular disease			
(This does	not mean the made of	dylng, e.g.,	(A)IMMEDIATE	AS A CONSEQUENCE OF:				
heart loilur Injury or co	e, osthento, etc. It meons implication which coused	the disease, deoth.)	DOLIO, OK	A CONSEQUENCE OF				
	INTECEDENT CAUSES		(8)					
RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:				
UNDERLYI	ING CONDITION LAST		(c)					
<u> </u>	11		(C/					
OTHER SIGNATE OF THE DESCRIPTION	NIFICANT CONDITIONS EATH BUT NOT RELATED R CONDITION GIVEN IN	CONTRIBUTI	NG NAL					
20A. DATE O	F OPERATION 208. C	ONDITION F	OR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)			
5 2					211 2010/3/1 (100 31 110)			
22A. EXTER	RNAL CAUSE WAS	12	28 PLACE OF INITIDAL	is as about 22C WHERE DID (VI. 9 IV.	yes			
UTING	G OR CONTRIB-	h	ome, form, foctory, street, office	in or obout 22C. WHERE DID (if in Boltime bldg., etc.) INJURY OCCUR?	nore City, give exact location)			
≥ 22D. TIME OF INJURY	(Manth) (Doy) (Yo	ear) (Hour)	22E. INJURY OCCURRED	22F. HOW DID INJURY OC	CUR?			
(APPROX.)			m. WHILE AT WORK AT V	WHILE				
23.			TI. WORK ATY	ORK				
1 cer	tify that I held on	Inquiry [	Inspection Au	topsy X and that on this basis	s, death in my opinion			
resul	Ited from: Natural co		Accident Sulcie		<b>CT</b>			
1000.	1110	7	Accident 301ci		nined monner			
ACTUAL	1 Well	V		CHIEF MEDICAL EXAMINER	DATE SIGNED			
SIGNAT	TURE		M.C	ASSISTANT MEDICAL EXAMINER				
EXAMIN				ASSOCIATE MEDICAL EXAMINER				
NAME (		U.Spitt		eputy Chief Medical E				
AA SURIAL CRE	MATION, 248. DATE	, 1	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATIO	N (City, town, or county) (State)			
BURIA	1 9/11	69	Loudan Pari	CEM BOIR	L . M.I			
	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS / W,			
AUG 4	1969 Robert	E Jak	Ber M.D.	George & So	ADDRESS			
5 151-REV. 1/1/6	8		<del>5 9 0 ==</del>	1,000	-nuab Baleo,			
				1 1 0 9				



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(t	Was	the	posi
of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the	th); and (6) No physician was in regular attendance on the deceased prior to death. Such	t be obtained before the remains are embalmed or final disposition is made.
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hov	VOS	lece	vrit

	69 77	95	BALTIMORE CIT	Y HEALTH DEPARTMENT	69	7795
		30	CERTIFICA	TE OF DEATH	REG. NO.	1,00
	TH NO.				D HOUR OF DEATH	
Тур	pe or Print) Ida B	ertha Le	90	July	31,1969	
3.	PLACE IN BALTIMORE, MARYLAI	ND, WHERE PRON	IOUNCED DEAD	4. USUAL RESIDENCE (Where		titution: residence before admission)
FU	LL NAME OF (IF NOT IN F	OSPITAL OR INST	TITUTION, GIVE STREET	Md.		2003
HC	SPITAL OR ADDRESS OR	LOCATION)		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	1941 W. Bo	oth St.		Balto.		YES NO .
	06	0011 000		E. STREET AND NUMBER	th St.	
5. S	EX 6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M	ale Colored	WIDOWE	DIVORCED	Dec.14,1919	last bigthday	
	. USUAL OCCUPATION (Give kind eduring most of working life, even if r		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY
2	Domestic FATHER'S NAME			Balto. Md		
	and if					
	William Lee	1.5	11 (	Bessie		ADDRESS
S. Yes	Was Deceased Ever in U.S. Arms, or unknown) (If yes, give war	ied Farces? or dotes of service	SECURITY NO.	17. INFORMANT		ADDRESS
	no		none	Shirley Gibso	n 1941 W.	Booth St.
	18. // 12.24		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION					4 7002
	LEADING TO D		(A) IMMEDIATE CA	USE Hypertensi	ve cardio-	1 year
	(This daes not mean the ma heart failure, asthenia, etc. II	meons the diseas		A CONSEQUENCE OF:  Vascular	Diagona	
	injury ar camplication which o			vascular	DISCUSE	
	ANTECEDENT CA	AUSES	(8)			
	DISEASES OR CONDITIONS		. 3	S A CONSEQUENCE OF:		
	rise to the above couse UNDERLYING CONDITION to		(C)			2 a 2 a 2 a 4 a 4 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5
	l II					
ON	OTHER SIGNIFICANT CONDITION					
ATI	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	IN PART 1 (A).	.00000000000000			
ERTIFIC		AS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLY	rING 2	TIB. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If In Boltimore	City, give exoct location)
AL	OR CONTRIBUTING CAUSE C	)F	nome, form, factory, street,	office bldg., INJURY OCCUR?		
0	21 D-TIME (Month) (Doy)		TE. INJURY OCCURRED	21F. HOW DID INJU	ILBY OCCUP?	
ME	OF INJURY		While At   Not Wh		JKI OCCOK:	
	(APPROX.)		Work At Worl			
	22. I certify that (1) (this ha	spital) attended	the deceased from		1962 to 6,	/6/ 1969
	that (1) (we) lost saw the de	ceosed olive or	6/6/	19 69 and the	at in (my) (our) opini	ion deoth occurred on the dot
	ond hour ond from the couse	s stated above.	(1) (We) (did) (dld not)			
	23A GNATURE			•		23B, DATE SIGNED
	Past ()	LOIN/V	At Ph	ending Med. Director	Staff Phys.	8/1/69
	23C.PHISICIAN	Jevici	DEGREE	Tana		
	Ralph W. I	Reckling	Mu	2930 Baker St	treet Balt:	TWOLE MY LINE
244	BURIAL GREATATION, 248. DA		NAME of CEMETERY OF C		OCATION (City	, town, or county) (State)
	REMOVAL (Specify)					
	Burial Aug		Mt. Auburn		alto. Md	
LOP	A DATE REPORT HEALTH DEPT	) 0 0 7	E OF REGISTRAR	250 FUNERAL DIRECTOR	The way the	300 CALLESS
	ATTR4 1969	Cobert E. 100	wer Mil	Mullans 1x	arelet / cons	E 4711 SOMEGLEN!
√S.	150-REV. 1/1/6B					



7796	BALTIMORE CITY HEALTH DEPARTMENT

69 77.96 V

BIRTH NO. 6	9-024	MED	OICAL	. EX	AMINER'S	CER	TIFIC	CATE OF	DEAT	H REG. NO.			
I. NAME OF DE	CEASED	LEISA	AMANI	DA W	HITE		OF OEATH	Known   Estimated	Month	Doy	Year	Hour	м
4. PLACE IN BAI	(IF NOT		AL OR INS		N, GIVE STREET	F		JNCED DEAD		Doy st 2, 19			A. M
00	5201 A	1hambr					TATE	esidence (where fary land	deceosed li	B. COUNTY	n: residence 2	before odm	ission)
6. SEX Female	7. RACE			-	NEVER MARRIED	C. C	CITY OR			D. INSIDE C	TY LIMITS?		
9. DATE OF BIRT	Negr	IO.AGE (I	WIDOW		DIVORCED	EC	. 1111 - 1111	ND NUMBER		Y	ES X	NO 🗆	
2-2-69		lost birthdo			s Doys Hours Min.			201 Alham	has As				
11. BIRTHPLACE	State or foreign	country)			TIZEN OF	13. F		S NAME	ora Av	enue			
Maryla	nd			W	HAT COUNTRY?	1	Leon	Rockwel	1				
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. aspyLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 0 D. INSIDE CITY LIMITS? BALTIMORE
E. STREET AND NUMBER YES 7 prior BALTIMORE COOKSIE 9. AGE (In years If Under 1 Yr. Months: Doys deceased is ma lost birthdov WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of worklos, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) USA B40 Railroad MARHLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME, JAME U<sub>O</sub> 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT final SECURITY NO. World War 5-09-6474 25 18. 20 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gular injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the the remains UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined obtained (Month) (Dov) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.)

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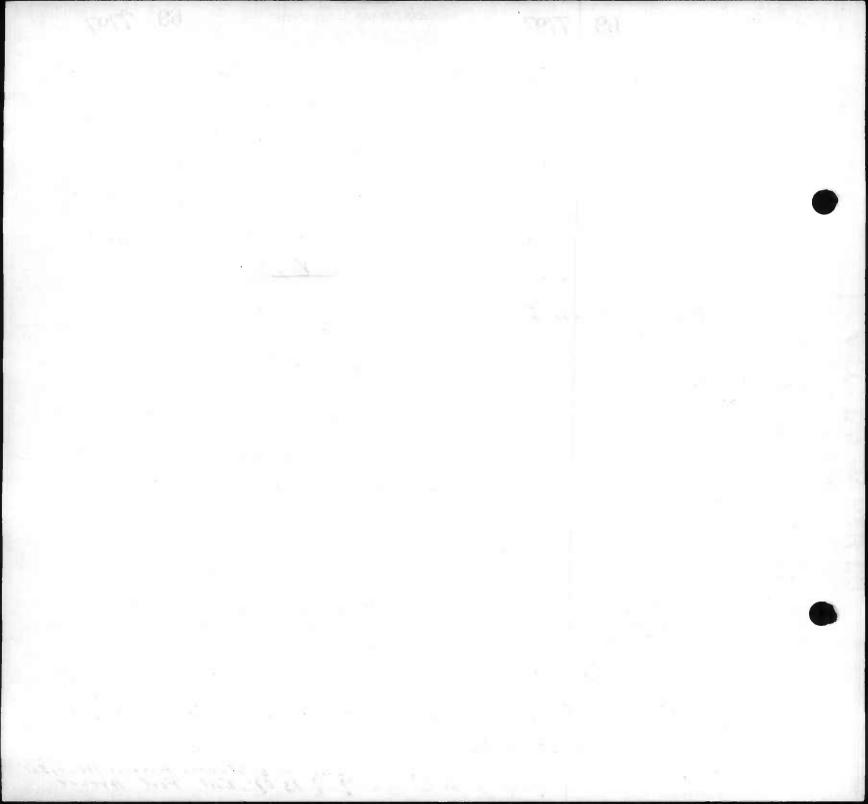
Hours

If Under 24 Hrs.

20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) last saw the deceased alive on... G and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23 B. DATE SIGNED Attending \_ Med. written approval 23 CCHYSICIAN'S 23D. ADDRESS NAME (Type) MARIANO A

24A. BURIAL CREMATION, 24B. DATE 25A. DATE RECID BY 1989 HOEYT BE NAMED REGISTRAR 126 EMATORY

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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IV.	CERTIFICA		
(Type or Print) Margaret Zenk	c	2. DATE AND HOUR OF E	2;30P M
3. PLACE IN BALTIMORE MARYLAND, WHOSHITAL OR ADDRESS OR LOCAL BALTIMORE CITY 1940 EASTERN A BALTIMORE, MAR	ALTOR INSTITUTION, GVE STREET ATION) Y HOSPITALS AVE. #	A. STATE B. COUNTY  MARYLAND C. CITY OR TOWN  Middle River E. STREET AND NUMBER  2111 LARKHALL ROAD	D. INSIDE CITY LIMITS?  YES NO X
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeo	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
FEMALE WHITE  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	WIDOWED DIVORCED DIVORCED TOB. KIND OF BUSINESS OR INDUSTRY	July 25, 1889 80	
13. FATHER'S NAME Philip Loessel		14. MOTHER'S MAIDEN NAME Minnie Bornhorn	
15. Was Deceased Ever in U. S. Armed For (Yes,no or unknown) (If yes, give wor or dote		BELTIMORE, MARYLAND 21	STERN AVEADDRESS
No.	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED  While At Not Whi Work At Work		G
22. I certify that (1) (his haspitathat (1) we last saw the decease	17	19 67 and that in(my) 6	apinian death accurred an the date
and haut and from the causes sta	ted above. (I) (I) (did) (did nat)	ending Med. Staff	238. DATE SIGNED 8-2-69
23C. PHYSICIAN'S NAME (Type)  JOHN BRECHTL M.  24A. BURIAL CREMATION, 24B. DATE	D. DEGREE 24C. NAME of CEMETERY OF CR		LS 4940 EASTERN AVE, 1224 (City, town, or county) (Stote)
Burial 8/6/69	Holy Cross	Baltimore	e, Maryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 4 1969 Valent	E. Vaiber, M.D. O	Leonard J Ruck Inc. I	Baltimore, Maryland

hetler from B. C. H. 8-12-69 M. H.

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3. PLACE IN BALTIMORE MARYLAND, W  FULL NAME OF HOSPITAL OR ADDRESS OR LOCK INSTITUTION  Good Samaritan H	TAL OR INSTITUTION, GIVE STREET ATION)	A. STATE  Md. C. CITY OR FOWN  Baltimore  E. STREET AND NUMBER  3308 The Alameda	D. INSIDE CITY LIMITS?
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Housewife 13. FATHER'S NAME		Penna •  14. MOTHER'S MAIDEN NAME	U.S.
John Gabriel  15. Was Deceosed Ever in U. S. Armed Fo (Yes, no or unknown)  (Yes, no or unknown)		Hanna Spence 17. INFORMANT Julian Forrest sam	ADDRESS
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	HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
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B	15. (Yes	Wos Decased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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4 to		that (I) (we) last sow the deceosed olive on	/ 19.6.7 ond that in (my) (aur) opi	nion deoth occurred on the dote
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assed to dent of ospital death) must be		23A. SIGNATURE		23B, DATE SIGNED
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	244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Ci	ty, town, or county) (State)
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ws: Ws: D.		Burial 8/4/69 Moreland Memor		
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T C T O S		CERTIFICATE OF DEATH REG. NO. 69 7801
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S a d d	(Type or Print) Kenrick JONES &	Sm.
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0 t 0 0 0	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
y was r (1) An a 3.A. at a prior approv	I.F. HARTMAN M	h. D
8 4 5 B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
- B S E	Burial 8/4/69 Mt. Olis	
the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGIS	
This the show was dece	AUG4 1969 Robert E. Jaben	And Deenard J. Ruck Inc. Balto. Md.
	VS 150-REV. 1/1/68	Tropicard of more Tite par on und

LINET LES . MAGE

1	B-340	69	7802	BALTIMORE CITY HEALTH DEPARTMENT
	1001	ME	EDICAL E	XAMINER'S CERTIFICATE OF

69	7802
	COC

BIRTH NO.						ייייייייייייייייייייייייייייייייייייייי	REG. NO.		1004
1. NAME OF DECE		TO COLLEGE		OF	Known 🔲	Month	Doy	Yeor	Hour
. 21 4 65 141 241 211	HORACE A. B			DEATH	Estimoted				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)			July 29,1969  Nonth Doy Yeor Hour  6:45 A. M.						
BON	SECOURS HOS	PITAŁ	(DOA)	S. USUAL RESID A. STATE	ENCE (Where laryland	E	ed. If institution	: residence l	before odmission
	RACE		D NEVER MARRIED	C. CITY OR TO			D. INSIDE CIT	TY LIMITS?	001
Male	White	WIDOWE	D DIVORCED	Ba1t	imore				NO 🗆
9. DATE OF BIRTH	losi birthdo	70	Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND 1824 W	NUMBER . Fairm	ount Av	zenue (	9	7904
Md.	te or foreign country)	12	WHATICEUNTRY?	13. FATHER'S N	AME A. Be	thel			
4A.USUAL OCCUPA lone during most of wor Laborer	ATION (Give kind of work king life, even if retired)	14B. KIND C	PF BUSINESS OR INDUSTR	15. MOTHER'S I		ME -			
6. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORMAN	1		A	DDRESS	
no	yes, give wor or doles	or service)	212-14-9878	Ha rry S	Sloan a	2908 Ha	lcyon A	ve.	
(This does not mean the mode of dying, e.g., heart failure, osthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST. (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED									
20A. DATE OF C	OPERATION 208. CON		OR WHICH OPERATION W	S PERFORMED				21. AUTO	PSY? (Yes or No
Ö									yes
UNDERLYING	UNDERLYING OR CONTRIB. Shome, form, foctory, street, office				WHERE DID	(Il In BoltImore	City, give exo	ct location)	yes
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT WORK 22F. HOW DID INJURY OCCUR?									
ACTUAL SIGNATURE EXAMINER' NAME (Typ	Certify that I held an Inquiry   Inspection   Autapsy   and that an this basis, death in my apinion resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner								
REMOVAL (Specify)  Burial 25A. DATE REC'D BY	8/1/69		Maadowri dga Me		TO RAL DIRECTO			DRESS	(Stole)
AUG4	1969 Robert	8 E. Ja.					. Balto		

Tadiet . A costoff . A.c. H - 942.00 - ---212-11-9570 Ha orn Sloan 2500 aleren Ave. minist and the second s .bi .orini .on ioni .i. Brancai

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approved must be obtained before the remained or find disposition.

		<b>J</b> -252 69 7803 BALTIMORE CITY	HEALTH DEPARTMENT 69 7803				
			TE OF DEATH REG. NO.				
		NAME OF DECEASED Evelyn Met Casonis	2. DATE AND HOUR OF DEATH				
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7/29/69. 12 mig-night. M. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)				
	FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STREET	Maryland A A A A A A A TIMES TO A TIMES TO A A A A A A A A A A A A A A A A A A				
	He	STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN IN INSIDE CITY HARTES				
		UNION MEMORIAL HUSPITAL	BALTIMUKE YES NO 173				
6	4	14 BALTIMORE 21218	E. STREET AND NUMBER  3006 Batavia Ave.				
mad	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Linder 24 Mar.				
S	104	WIDOWED X DIVORCED   1	9/22/10/1 70/6:				
		A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 1 one during most of working life, even if refired)  OUSOWIF					
Sif		FATURE AND	GES MARYLAND AMERICALL.				
sposition		THOMAS J. CAREY.	HILDA TURNER				
U	15.	. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   1	7. INFORMANT ADDRESS				
na	(Te	es, no of unknown) (If yes, give wor or doles of service)  ** no   136-07-8681	Mag Valon Com-				
or fi		18. 44 0 2 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL				
pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH				
E		(This does not meen the mode of dying, e.g. (A)IMMEDIATE CAUST	EPERIPHERAL CIRCULATORY 1-3 mm/				
bal		heall lailure, ashenia, etc. Il means the disease,	WLAR FIBRILATION. Fym.				
6		ANTECEDENT CAUSES	WLAR FIBRILATION. 5 ym.				
are		DISEASES OR CONDITIONS, il any, giving nise lo lhe obove couse (A) sloting lhe					
		UNDERLYING CONDITION last. (C) 44 P	ERTENSION. 20 %.				
remains	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nal Fistule, and 1.3 mlt				
_	ATION	IDISEASE OF CONDITION GIVEN IN PART 1 /A1	omy.				
the	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?				
ore	CER	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in on the property of the property	7.0				
Detore	CAL	DEATH (notify medical examined)  home, form, foctory, street, office etc.)	or obdutization WHERE DID (II in Boltimore City, give exoct location)				
0	ō	21D. TIME (Month) (Doy) (Yeor) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work							
000	22. 1 certify that (1) (this hospital) ottended the deceased from 7/20 19/9 to 7/29 / 19/9						
UST		ond haur and fram the causes stated abave. (1) (We) (dld) (did not) view the body after death.  23A, SIGNATURE					
E		A Mello M.D. Attendi	ing Med. Staff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  4 19 29 69				
0		DEGREE .					
Dr. PAUL M. LEAND M.D. WILDON MOMORIAL HUSP. BA							
REMOVAL (Specify) (City, town, or county)							
rien	25 4	Burial 8/1/69 Baltimore, Mat. Cem					
	∠3A.	AUG 4 1969 Waber E. Jaker Ka	2SC. FUNERAL DIRECTOR ADDRESS				
	/P 1	150-REV 1/1/49	Leonard J. Ruck Inc. Balto. Md.				

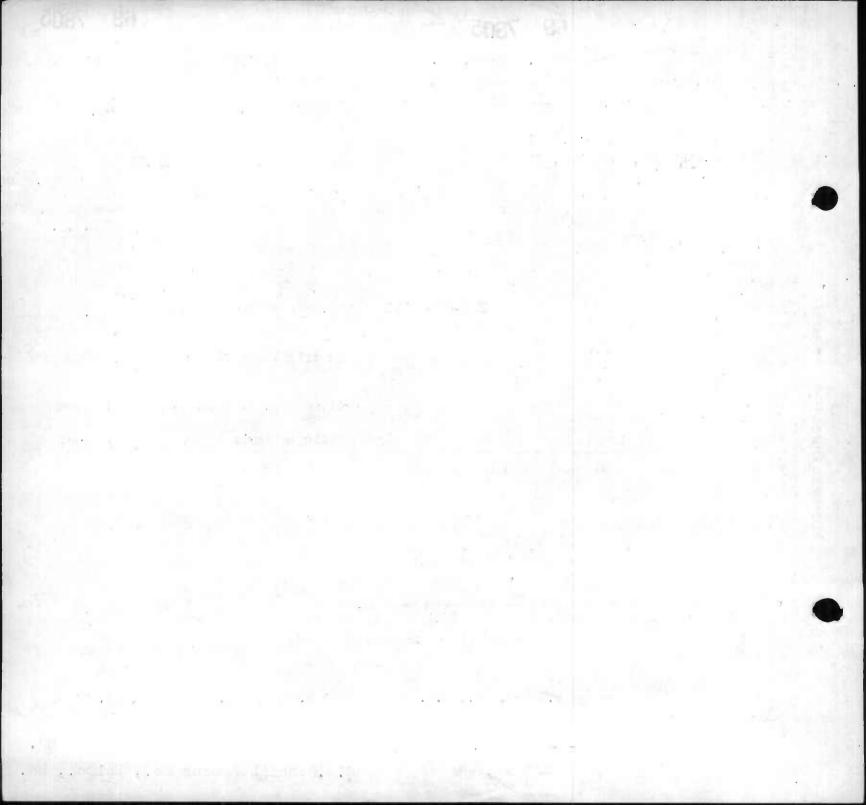
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BI	//- 165 CO W.	Y HEALTH DEPARTMENT REG. NO. 69 7804							
(1)	1. NAME OF DECEASED  (Typo or Print)  A The Rine  P. M. Cormie T. 7/29/69  3. FLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  14. USUAL RESIDENCE (Vibrie deceased lived It is still to a vibral or a vibral								
ПH	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?  Baltimore							
	37 MERCY	E. STREET AND NUMBER 614 Parkwyrth Ave.							
	7. MARRIED NEVER MARRIED DIVORCED DIVORCED LUSUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 9. AGE (in years lost birthdox) 10/12/1879 9. AGE (in years Months Days Hours Min.							
H	te during most of working life, even if retired)  DUSGWI 16  FATHER'S NAME	Md. U.S.A.							
	Patrick Horan	14. MOTHER'S MAIDEN NAME							
15.	Was Deceased Free in II S A-mod Form-2	Mary Skelton							
(Ye	no 215-03-1185A	Mrs. Frank Kearney 121 Forest Dr. 21228							
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
	This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	ACONSEQUENCE OF: 4 day							
	injury ar complication which caused doath.)								
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:								
	underlying condition last.  (c) attial februation palm embolion								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSYTYOS OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of ofc.)	n or obout 21C. WHERE DID (If In Boltimore City, give exoct location) fice bidg., INJURY OCCUR?							
MEDI	21 D. TIME (Month) (Doyl (Year) (Hour) 21 E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?							
	22. 1 certify that (1) (this hospital) attended the deceased from	July 29, 1969 to July 29, 1969							
that (1) (we) last saw the deceased alive an.  July 19 19 and that in (my) (aur) apinian death accurred on the and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death.									
								CALLEY Alle	nding Med. Staff Phys. 9 7-29-69
	CONSTANTINOS J. LIMAS	Director Phys. 7-29-09 BD. ADDRESS  MERCY HOSP							
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)							
	Bruial 8/1/69 St. John's Church Cem. Hydes, Md.								
25A	AUG 4 1969 Valent E. Jailey & C.	25C. FUNERAL DIRECTOR ADDRESS Peopler J. Ruck Inc. Balto. Md.							
VS '	50-REV. 1/1/68								

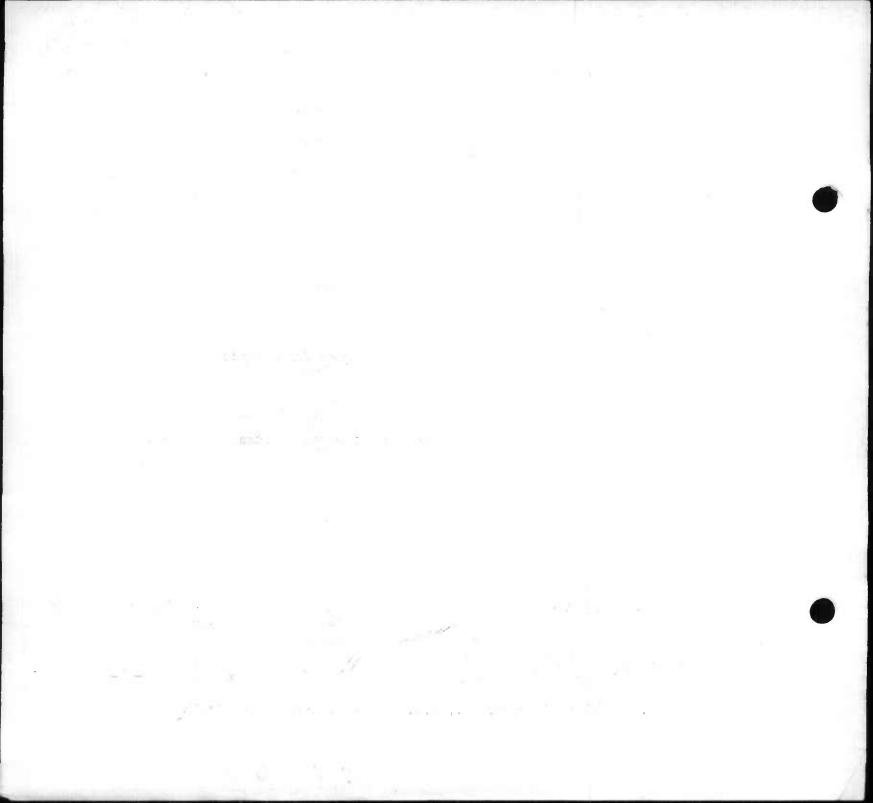
Inoquari I pude lue, Salter lue,

03-44-14	
CEK	W-30
f death eceased on the	BIRTH NO.  1. NAME OF D (Type or Print)
of of Dec	3. PLACE IN B
red in a hospita cutse of ed cause; (5) Dec ar attendance o prior to death.	FULL NAME OF HOSPITAL OR
in o gg co dgus dus tter	Baltimon
r a control	Baltimon
ntribu rmine egula ased s mad	S. SEX MALE
cor cor eter n re	IOA, USUAL OC
f deat ct or ) Und vas i	Atto
tant i e dire nd; (4 eath o on t	15. Wos Deceas (Yes, no or unkno
kin do din fin fin fin fin fin fin fin fin fin f	Yes
his a lso, if of any unced tenda	1B.
rificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and y was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (2). A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such approval must be obtained before the remains are embalmed or final disposition is made.	(This does heart failur injury or c
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he chilby control by control bound (2) Bound (2) Bound (2) Bound (2) Bound (3) Bound (4) Bound (	OTHER SIGNATION OF INJURY
by the price; when when the property of the price; and the price;	DEATH (no
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pro the iny exc an	22. I certi
of of of all (th);	that (I) (3
must be apported to the cident of an hospital (e) to death); a lange to death); a lange to death);	and haur
his certificate must be appled body was released to thows: (1) An accident of a ras D.O.A. at a hospital (eccased prior to death);	23C. PHYSIC
his certificate m ne body was rel hows: (1) An acc as D.O.A. at a eceased prior to	
certif body ws: (1) D.O.A eased	24A. BURIAL C
this cert the body shows: () was D.O decease	Buria.
t t s y b y	AUG4

W-362 69 7805	1-11-11-11-11-11-11-11-11-11-11-11-11-1	E OF DEATH	REG. NO	69 7805
1. NAME OF DECEASED (Type or Print) Theodore C. Waters	, Jr.	2. DATE A	ND HOUR OF DEATH	3:20 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR ADDRESS OR LOCATION)  Baltimore City Hospitals  Baltimore, Maryland, 21224	ON, GIVE STREET	4. USUAL RESIDENCE (Wh. A. STATE B. COUI MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER 814 BELLEMORE	D. INSII	DE CITY LIMITS?  YES NO   1210
MALE WHITE WIDOWED  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)  Attorney Lega:  13. FATHER'S NAME	DIVORCED USINESS OR INDUSTRY 1	MARYLAND 4. MOTHER'S MAIDEN NA	ME	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
(Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	MARGUI SCH RECORDS: 4 BALTIMORE, MAR	4940 EASTERN	AVENUE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(B) Gen	Escherichia CONSEQUENCE OF: eralized bone CONSEQUENCE OF: phocytic Leuke	marrowdepres	6 days  10 days  2 years
19A. DATE OF OPERATION 19B. CONDITION FOR WHEN WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PI home, of contributing   CAUSE OF   CAUSE O	ACE OF INJURY (e.g., in form, foctory, street, office	20 A. AUTOPSY? (Yes or N  yes or obout 21 C. WHERE DID te bldg., NJURY OCCUR?	IN CERTIFYING CALL	INDINGS CONSIDERED USES OF DEATH?  City, give exoct locotion
OF INJURY (APPROX.)  ROOT INDURY (APPROX.)	At Work		/	
REMOVAL (Specify)	7/31/ De) (did) (dtorer) vie Attend Phys.  M.D.  DEGREE  DEGREE  Thomas	19 69 and the withe body after death.  ling Med. Director D. ADDRESS 601 N. Broad BCH: 4940 EA	Shoff Phys. Baltimore, STERN AVE. COCATION (Cir.)  R	238. DATE SIGNED  7/31/69  Dre, Md. 21205  BALTO., MD. 21224 y, town, or county) (State)

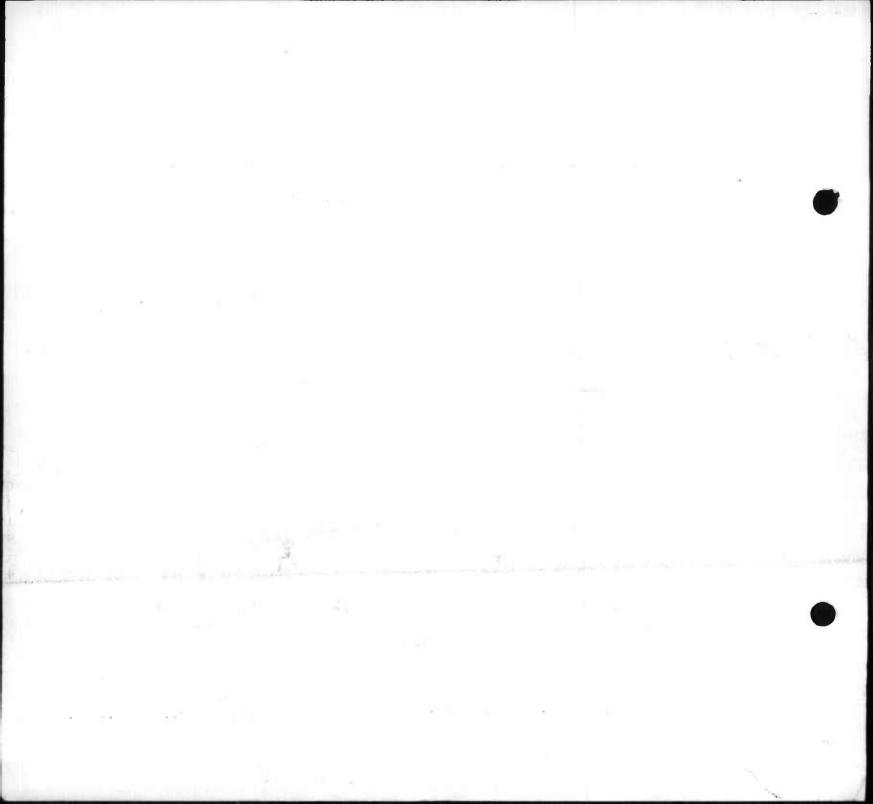


resch, Norma BALTIMORE CITY HEALTH DEPARTMENT 69 7806 CERTIFICATE OF DEATH of death Deceased Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) BRANCH, Norman July 22, 1969 hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before attendance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN canse; 2 INSTITUTION D. INSIDE CITY LIMITS Baltimore YES NO [ prior contributing The Johns Hopkins Hospital E. STREET AND NUMBER de. 1817 Henneman Avenue (4) Undetermined regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7- MARRIED NEVER MARRIED If Under 1 Yr. Months Doys If Under 24 Hrs. deceased is ma lost birthdoy) 7/28/89 Hours Male Negro WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition Ξ done during most of working life, even if retired) Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Milton Branch death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. attendance any pronounced 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Apnea and asystoly (A) IMMEDIATE CAUSE fracture lThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, xaminer. regular injury or complication which coused doath.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, il any, rise to the obove cause IA) stoling the Probably widespread metastatic disease physician UNDERLYING CONDITION lost remains chief medical medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) ø WAS PERFORMED NO before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF by the 3 21& PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exect location) to the hospital °N MEDICAL DEATH (notify medical examined) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 9 21 F. HOW DID INJURY OCCUR? approved OF INJURY (except Not While While At (APPROX.) and any 22. I certify that (1) (this hasplital) attended the deceased from on July 1969 pe that (1) teresclast saw the deceased alive on.... and that In (my) ISAN apinion death accurred on the date of death) hospital the body was released and hour and from the causes stated above. (1) (Natodid) (Natodia) view the body after deoth. must accident 23A. SIGN AT URE 238 DATE SIGNED Attending [ Med. prior to 7-22-69 approval DEGREE ø 23 C. PHYSICIAN'S NAME (Type) This certificate 23 D. ADDRESS ŧ N. Franklin Adkinson / Jr., Hopkins Hospital Johns D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased 24C. NAME OF CEMETERY (Stote) shows Q S 25A. DATE REC'D BY HEALTH DEPT. 3 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BI	H-655 69	78	307	BALTIMORE CITY CERTIFICA			REG. NO	)	69	7807
1.1	NAME OF DECEASED					2. DÂTE A	ND HOUR OF DE	ATH		
1	pe ar Printl WALTER	2 1	1012	NUNG		h	1/18/49			1130/ P.M
3.	PLACE IN BALYIMORE, MARYLAND,	WHERE P	ONOUN	CED DEAD	4. USUAL RESID	B. COU	ere deceased lived	. If institut	lion: resid	ence before admission)
FL	LL NAME OF (IF NOT IN HOS	PITAL OR I	NSTITUTIO	ON, GIVE STREET	Marylar				26	36
IN	CHTIITION				C. CITY OR TOW		D.	INSIDE C	CITY LIMIT	IS?
	Baltimore C	-	-	IIS	Baltimo			YE	s 📉	NO 🗌
1				224	E. STREET AND			204		
	Baltimore, M	aryıa	nd 21	.224	1231 WE	elisba	ch Way 212	224		
	Male White	7- MAR	WED 🗌	NEVER MARRIED X	8. DAYE OF BIRT	5	9. AGE (In years last birthday)	Mo	Under 1 onths Do	Yr. If Under 24 Hrs. Hours Min.
10/	. USUAL OCCUPATION (Give kind of w	ork 10B, KIN	D OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE	State or for	eign country)	12	. CITIZEN	OF WHAY COUNTRY
1000	e during must of working his, even it respec	"								USA
13.	FATHER'S NAME	!	·		14. MOTHER'S M	AIDEN NA	ME			
H										
15.	Was Deceased Ever in U. S. Armed	orcos?	11.6	• SOCIAL	17. INFORMANT				A 1	DDRESS
(Yo	s,na or unknown) (If yes, give war ar d	oles of sen	rice)	SECURITY NO	RECORDS:		940 Easter		ۥ	
				ACCUMANCE AND A		В	altimore,	Mary.		
	18./ 7.2.9 1			CAUSE OF DEAT	4				BET\	PPROXIMATE INTERVAL
	DISEASE OF CONDITION				7		5			I H
	(This does not mean the mode	of dving.	e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE	A Y W	110 100	<u>u</u>		17 mo,
	heart lailute, asthenia, otc. It mea injury at complication which caus	ns the disc ed death.)	ease,	502 10, OK A5	A CONSEQUENCE	01.			- 1	
	ANTECEDENT CAUS			7	A	+	had -		. 1	H
	DISEASES OR CONDITIONS, I		vina	(B) DUE TO, OR AS	A CONSEQUENCE	OF:	11000-00	~~~		1 - mo,
	rise to the above cause (A	) slaling	the							
	UNDERLYING CONDITION last.			(c)						
z		ON ITRIBUTE	NO							
ATION	TO THE DEATH BUT NOT RELATED TO	THE TERMI	NAL							
S	DISEASE OR CONDITION GIVEN IN P.	NOITION	OR WHI	CH OPERATION	20A. AUYOPSY	? (Yes ar N	a) 20B, IF YES. W	ERE FIND	INGS CO	NSIDERED
CERTIFIC		CHECK	tunt	Melonome	NO		IN CERTIFYING	CAUSES	OF DEA	TH?
ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		218, PL/	ACE OF INJURY (e.g., in	or about 21 C. WH	ERE DID	(If In Bal	timare City	y, give ax	act location)
CAL	DEAYH (notify medical examiner)		etc.)	form, foctory, street, of	ice bidg., INJURY	OCCUR?				
	21D-YIME (Month) (Day) (Yea	r) (Hour)	21E, IN.	JURY OCCURRED	21E, HO	W DID IN	JURY OCCUR?		-	
₹	OF INJURY (APPROX.)		While /	Al   Not While	1					
	7-1	10	Work	At Work	L-1 2					
	22. I certify that (+) (this hospit			deceosed from	4/3		19 69 ta	7	K	19 69
	that (i) ( <del>we) la</del> st saw the decea			1112	19 49			opinion	deoth o	ccurred on the date
	and hour and from the couses s	ated abay	re. (1) (¥	<del>fe)</del> (did) ( <del>did not</del> ) v	lew the body of	er death.			-	
	23A. SIGNAYURE	1.		20. 0 1	eller - Mar			23 B.	DAYE SI	IGNED
	Nums W. 12	uall	4	DEGREE Phys	nding Med Din	ector [	Phys.		7/19	4/69
	23C. PHYSICIAN'S NAME (Type)		U		3D. ADDRESS	Balti	more City	Hospi	tals	
	Dennis	W. B1	eakle	Y M.D. Motor	MV DO		Castern Av	_		., Md. 21224
244	REMOVAL (Specify)	24	C, NAME				PEATIONA		or co	
	8-/-	67		INIVE	RSITV N	EDIC	AT COM	001		
25/	DATE REC'D BY HEALTH DEPT.		C-	EGISYRAR	25C. FUNERAL	DIRECTO	AL SUII	UUL		ADDRESS
	AUG4 1969 Pasent	El Mark	sey, M	DA O	MUK	IUAR	Y SFRV	ICF"	154	CHA
VS	150-REV. 1/1/68		-	100000000000000000000000000000000000000				-		



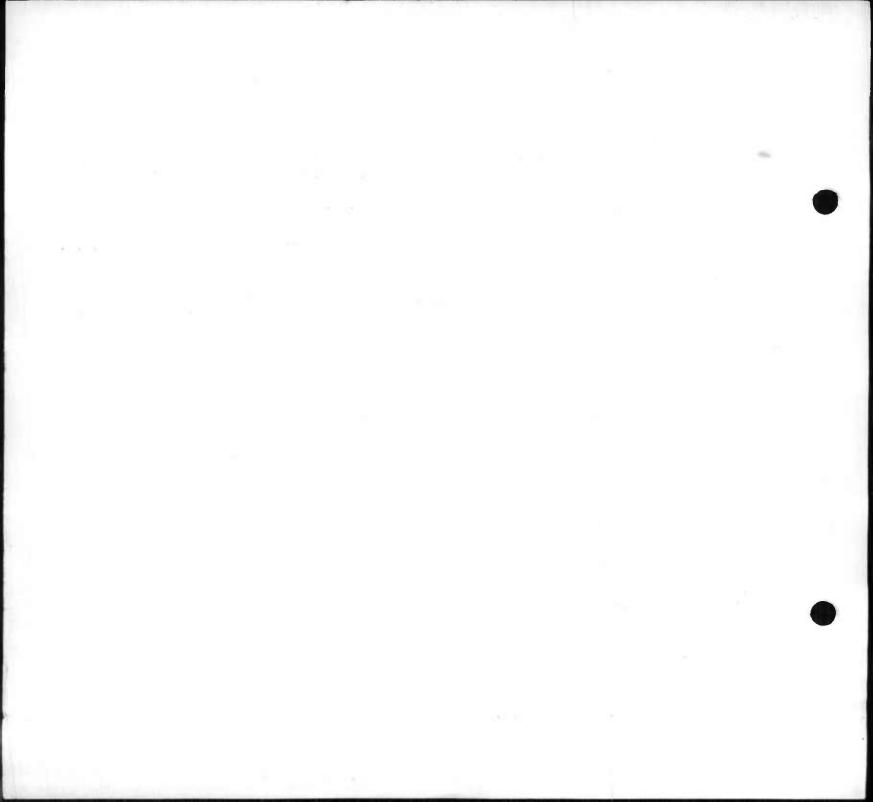
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in

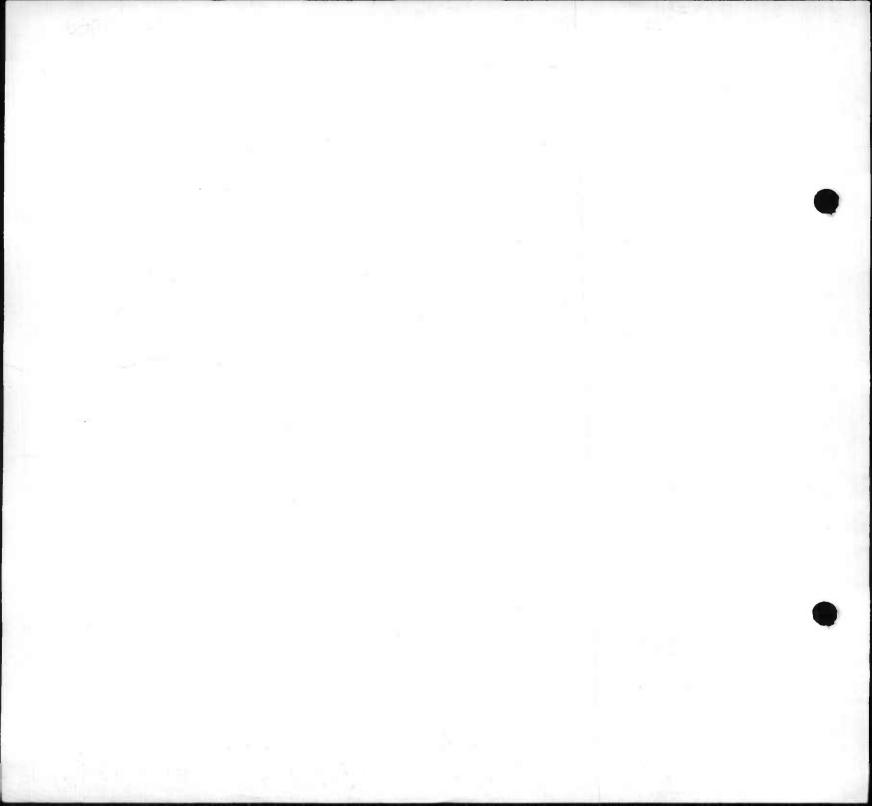
M-450	
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djs	1///-45/	A TE OF DEATH REGING 69 7808				
	BIRTH NO CERTIFICA	ATE OF DEATH REG. NO. 69 7808				
Such	I.NAME OF DECEASERRYLS)	2. DATE AND HOUR OF DEATH				
	Dorothy MULIANY	7/21/69 H:25 A.M.				
death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
g	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET = ADDRESS OR LOCATION)	Maryland 26/2 (C. CITY OR TOWN ID. INSIDE CITY LIMITS?				
2	NORUTICANI					
ior to deat	Baltimore City Hospitals	Baltimore YES Y NO EDITOR HOSPITALS 21224				
L .	4940 Eastern Avenue Baltimore, Maryland	4940 Eastern Avenue Baltimore, Maryland				
sased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED					
is m	Female White WIDOWED DIVORCED	11-11-0/4 6/4				
	IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLA CE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
		Massachusetts U.S.A.				
the	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
on I dis	John	Edith				
<u> </u>	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	17. INFORMANT 4940 Eastern Avenue DDRESS				
r fin		BUH: RECORDS Baltimore, Maryland 21224				
0 0	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
med or	LEADING TO DEATH	AUSE Squamous cell carcinoma Hyps.				
	(This does not meon the made of dying, e.g., heart loilure, asthenia, etc. Il means the disease,	S A CONSEQUENCE OF:				
mba	injury at complication which coused death.)					
D) 0	ANTECEDENT CAUSES	Burns of thighs 57 yrs.				
	DISEASES OR CONDITIONS, it any, giving DUE TO, OR A rise to the abave cause (A) stoling the	S A CONSEQUENCE OF:				
an was in remains o	UNDERLYING CONDITION last. (C)	***************************************				
sician was the remain	z II					
physician viole for the res	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
he	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [21B. PLACE OF INTURY (S.C.)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	WAS FERFORMED	NO				
before	Control of the contro	in or obout 21C. WHERE DID (If In Boltimore City, give exact location) office bidg., INJURY OCCUR?				
q	DEATH (notify medical examiner) home, farm, factory, street, etc.)					
nec	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, (NJURY OCCURRED OF INJURY (APPROX.) While At Not Whi	21F. HOW DID INJURY OCCUR?				
tai	Work At Work					
obtained	22. I certify that (M) (this hospital) attended the deceased fram	11/13 1968 to 7/21 1969				
be	that (1) (we) last saw the deceased alive an 7/21	19 69 and that in(my) (our) opinion death accurred on the date				
UST	and have and from the causes stated above. (1) (We) (did) (did not)					
to death); al must be		ending Med. Stoff C				
prior to	Physical Phy	ys. Director Phys.				
20	23C. PHYSICIAN'S NAME (Type)	Baltimore City Hospitals				
db	Dennis W. Bleakley M.B. OFFICE OF CHARLES OF	The state of the s				
ue	REMOVAL (Specify)	AMATARI O MY Y BO PRATIONO F MCARICVIC OF APPART				
i.	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	UNIVERSITY MEDICAL SCHOOLSDRESS				
deceased prior i written approva	AUG 4 1969 Paber E. Farber M.D. O	MORTHIDY CEDVICE DON				

VS 150-REV. 1/1/68

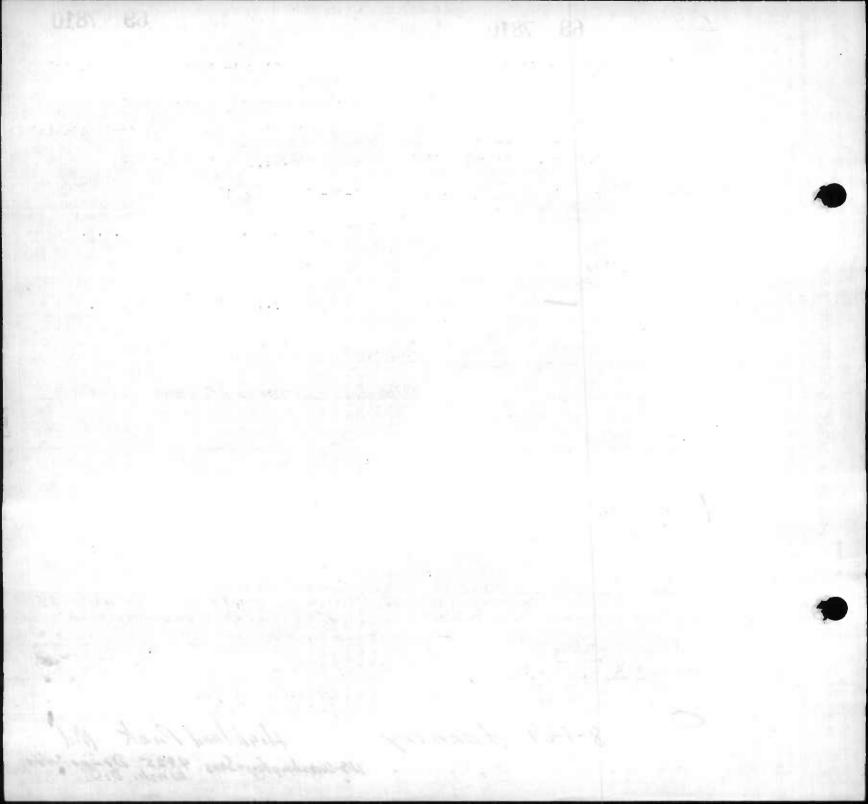


BALTIMORE CITY HEALTH DEPARTMENT 69 7809 CERTIFICATE OF DEATH and Deceased Such BIRTH NO deat I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EON hospital 11969 UGUST 1 ō death. .55 90 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceased lived. If institution: residence
A. STATE
B. COUNTY attendance (2) MARKYLAND cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) use; C. CITY OR TOWN 0 0 D. INSIDE CITY LIMITS? BALTIMORE NO HOSPITAL OF BALTIMORE YES W prior contributing 000 E. STREET AND NUMBER occurred Pol etermined made. regular 5. SEX 6. RACE 9. AGE (In years 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Ya If Under 24 Hrs. deceased RLACK WIDOWED -25-19 DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, even if retired) Und 10 eld SID 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct 4 3 assistant eath O 15. Was Deceased East in U. S. Armed Forces? (Yas, np or unknown! (If yes, give wat at dates of service) kind 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY attendance Ö 6 any pronounced 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, the chief medical examiner examiner. regular injury ar complication which coused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, it ony, giving DUE TO, OR AS A CONSEQUENCE OF: ල rise to the obove cause (A) 2 physician remains UNDERLYING CONDITION last. Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) Body the the 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? L'S or No. 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before by 2 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY league in or about 21 C. WHERE DID home, lorm, lactory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital °N MEDICAL DEATH (notify medical examined any nature; by obtained 21 D. TIME OF INJURY (Month) |Doy) (Year) 9 (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROXI Work pup At Work 22. I certify that (f) (this hospital) attended the deceased fram -22 . pe that (i) (we) last saw the deceased alive an. 69 and that in(my) (our) apinton death accurred an the date eath) 90 hospital the body was released and haur and from the causes stated above. (1) (Ne) (did nat) view the body after death. must An accident 23A. SIGNATURE certificate must 23 B, DATE SIGNED 7 Attending 0 Med. Stoff approval Director \_\_\_ Phys. Phys. DEGREE 0 23C. PHYSICIAN'S prior 23D. ADDRESS to NAME (Typel AGRIE DEGREE HOSDITH OF 4 24AT BUBAL CREMATION, deceased written ap shows: (1) 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY LOCATION 0.0 (Stote) unn Mas 25A. DATE REC'D BY HEALTH DE ELINERAL DIRECTO VS 150-REV. 1/1/68



in a hospital and g cause of death ause; (5) Deceased trendance on the or to death. Such	M. 1. 1. (Ty
occurred ontributin ermined c regular a cased pricis made.	5.
death t or co Undet as in e dece	5. 10/ doi
the direction (4) death whose on the	15. (Ye
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
dy w (1) A O.A.	24
This cert the body shows: ( was D.O decease	25

	BALTIMORE CITY HEALTH DEPARTMENT								
BIR	TH NO.	69	7810	CERTIFICA	ATE OF DEATH Registered No	69 7810			
1. N	AME OF DECE	SED			2. OATE AND HOUR OF CEATH				
	pe or Print)	Thomas B			31 July 1969   App. 7:20 Am.				
3.	3. PLACE OF OEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceosed lived, If in: A. STATE B. COUNTY	11			
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location	)		Prince George's County, c. CITY OR TOWN (If outside city limits, write R	Maryland 66 (URAL ond give township)			
	20			iary Hospita	I did a la l	(Capital Heights)			
	10	954 Forre Baltimore			O. STREET ADDRESS (If rurol, give location)				
5. 5		RACE		and 21202	B. OATE OF BIRTH P. AGE (In years				
	Male	Negro	Never	Married	1-27-51   lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Ooys Hours Min.			
		ATION (Give kind of work orking lile, even it retired)	10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foleign country)	12. CITIZEN OF WHAT COUNTRY?			
	None				Glen Arden, Md.	U.S.A.			
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAME				
	Clarence	Bailey			Catherine (Bailey)				
15. (Ye	Wos Deceosed I	ver in U. S, Armed Fore If yes, give wor or dote	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No	-		none	308 49th Ave., Capital Hei	ights, Md.			
	18.170	91		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO			t to	20. 201/02			
	(This does no				novary metastases	Monus			
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.			A 6	ogenic sarcoma left femu	4/			
				(B) Oste	egenic satcoma, left temu	t months			
				001 10					
				(C)					
		- II							
ON		CANT CONDITIONS C							
CATIO	OISEASE OR C	ONDITION CAUSING I	Т.		20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE F	TINDINGS CONSIDERED			
RTIFIC	Haler =	OFERATION 198. CON WAS, PERI	ORMED &	Sarcoma	No IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
CE	2 A. ACODEN	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE OLO (II in Boltimore office bldg., INJURY OCCUR?	City, give exact location)			
CAL		nedical examiner)	etc.)		onios siaga, interni				
EDIC	21 D. TIME OF INJURY	Month) (Ooy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW OID INJURY OCCUR?				
2	(APPROX.)		Whi	le At Not Wh	ile 🗆				
	22. I certify t	hat (I) (this hospital	) attended th	ne deceased fram	May 26 1969 to	3/ July 1969.			
	that (1) (we) 1	ast saw the decease	d alive an	30 Fuly	19 69 and that in (my) (aur) api	nian death accurred an the date			
	0	and haur and fram the causes stated abave. (1) (We) (###) (did nat) view the bady after death.							
	23A. SIGNATUR	0162	. 0	14.0	Mandian Dank	23B, DATE SIGNED			
	Done	ula l'/L	thes	M.O. At	Ned. Stoff Phys.	31 July 1969			
	Donal	d E. Fish	er	M.0	920 Greenmout Ave.				
24/	A. SURIAL CREM		24C. NA	ME OF CEMETERY OF CI	REMATORY 24D. LOCATION, ICH	ty, town, or county) (State)			
	REMOVAL (Sp	8-1-6	9 4	ARMONY	High land 1	nek Md			
25/	AUG 4	1969 Paber	E. Jabe	F REGISTRAR	145-Washington + Sons 49	25 Denne Avent			
VS	150-REV. 1/1/65								



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner. Also,

if the direct or contributing cause

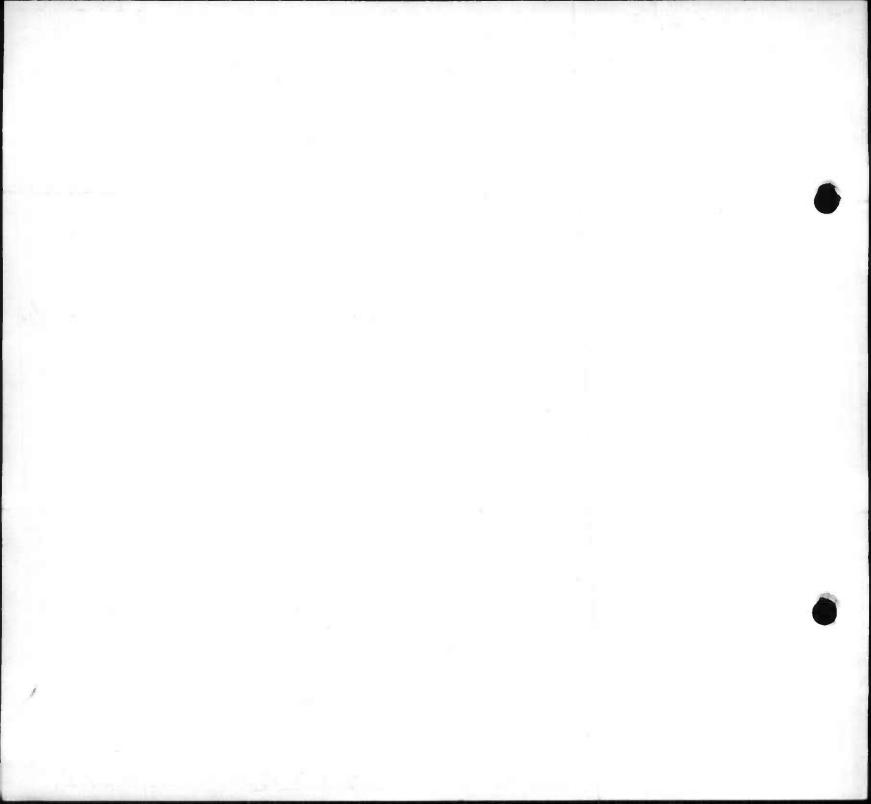
1		TATE OF DEATH REG. NO. 69 7811
the	DIRITI ITO.	CATE OF DEATH REG. NO. OF TOTAL
E 03		J Bugust 2, 1969 0.30 A
- 45	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
attendance ior to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
1 +	UNION MEMORIAL HOSPITAL	BALTIMORE YES NO [
h	44	1549 WINSTON AVENUE
regular eased p is made	MALE 6. RACE WHITE WIDOWED DIVORCED	7 07-18-21   lost birthdoy) 48   Months Doys Hours   Min.
was in rother decection is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if refired)  SCIENCE EDITOR	TRY 11. BIRTHPLACE (Stote or foreign country)  MARY LAND  12. CITIZEN OF WHAT COUNTRY  U. S. A
e e	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
, vi	JOHN PERKINSON	MARY MINNER
deat ce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at dates of service)  SECURITY NO.	Mrs Lucille C Response 1549 West As
pronounced ar attenda balmed or	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc., if means the disease, injury ar complication which caused death.)	Dout mand and Desulting
ian who ris in regul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF:  (D · H·)
here the physician No physician was in before the remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  V DISEASE OR CONDITION GIVEN IN PART 1 (A).	
re the phy physician fore the re	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY (A)	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
where No pt	OR CONTRIBUTING CAUSE OF home, farm, foctory, street	go, in ar about 21 C. WHERE DID allice bldg. INJURY OCCUR?
- 60	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not W. Work	
ex ; an	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an RVGVST	JULY 26 1969 to AUGUST 2 1969  1969 and that In (my) (our) apinion death accurred on the date
2 5 2	and haur and fram the causes stated obave. (1) (We) (did) (did not	
o o o	My Karacuschan DEGREE A	Attending Med. Staff Med. 238. DATE SIGNED
N.A. at a prior tapprova	Miguel KARACUSCHANSKY, M.D	UNION MEMORIAL HOSPITAL
D.G	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C Burial 8/5/69 Baltemore Man	CREMATORY 24D. LOCATION (City, town, or county) (Stole)
was D.C decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  ALIC 4 1969 Page & Jacker M.D.	2SC. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68

Jaber M.D. Bel 3

25C. FUNERAL DIRECTOR 6500

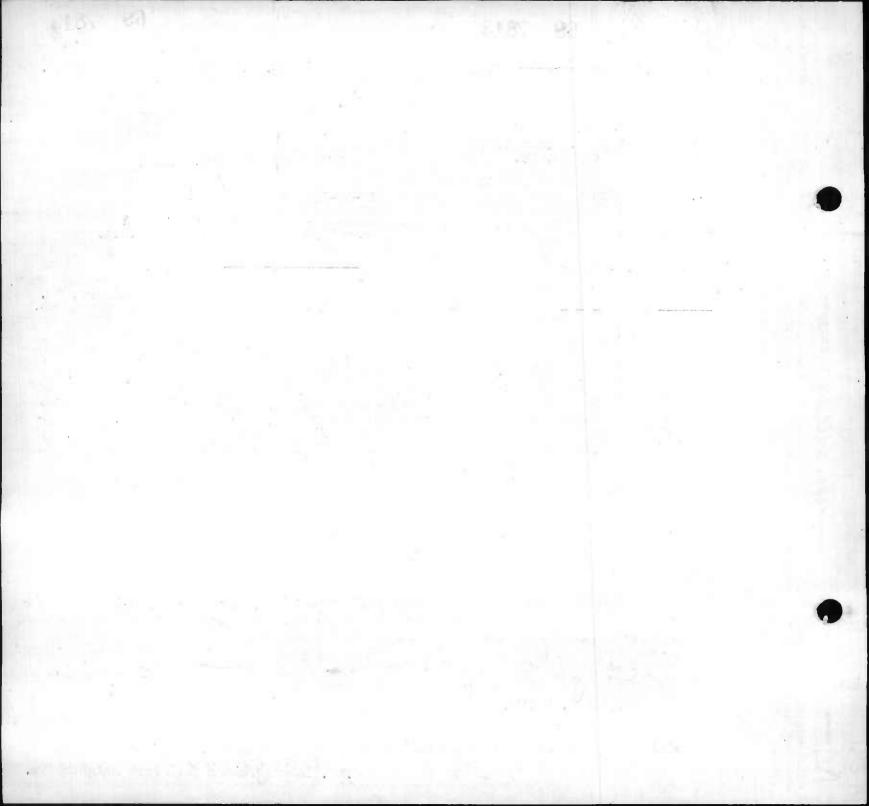
ADDRESS C



	T-416	69	7812	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO	69	7812
1.	RTH NO.	SED		CLRTITICA		AND HOUR OF DE	ATH	
11	/pe or Print)	Gladys	Talhar	t		9-69	1	10.35
3.	PLACE IN BALTIM	ORE, MARYLAND, W	MERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived.	If institution; res	12:15 a. M
H	JLL NAME OF OSPITAL OR ISTITUTION			UTION, GIVE STREET	Maryland c. City or TOWN		/	1703
		Providen			Baltimore	D.	YES T	
	139	1514 Div:			E. STREET AND NUMBER		LES [55]	NO L
		Baltimore	e, Mary	land 21217	851 George S	treet		
5.	SEX 6.1	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. , If Under 24 Hrs.
	emale 1	Tegro	WIDOWED	DIVORCED	7-30-1900	68	Months	Days Hours Min.
da	LUSUAL OCCUPA	TION (Give kind of working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fo	reign countryl	12. CITIZI	N OF WHAT COUNTRY
11		my may aren in termedy			Beltimore W			
13.	nemployed FATHER'S NAME				Baltimore, Ma	AME	USA	
	Howard	Scott			Cora John	gon		
15.	Was Deceased Eve	r in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	2011		
III (Ye	s, no or unknown! (If	yes, give wat or date	s of service)	SECURITY NO.	- Intoxinati		P.	ADDRESS O. Bx.24
I	110			218-09-3756	Mrs. Bessie Ri	issell (Con		
	18. 4 / 2	2		CAUSE OF DEATH	HOUD 0	-	1	APPROXIMATE INTERVAL
	LEA	R CONDITION DIR	RECTLY			my,	AME	7 1/
	heort lailure, asth	nean the mode of enia, etc. It means plian which caused	the disease.	(A) IMMEDIATE CAU DUE TO, OR AS	SE UND A CONSEQUENCE OF:	mIA		3-4 yrs
		ECEDENT CAUSES	deom.					
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the abave cause IA) stating the UNDERLYING CONDITION last,  (C)							
-		11		111	.11 . /		1	
2	LIO THE DEATH RE	IT CONDITIONS CON	IE TERAINAL	MAR	Kod Elve	arous !	Mers	1
S	DISEASE OR COND	RATION 198 CONE	[ 1 (A)		/			7
CERTIFICATION	0	WAS PERF	ORMED		20A. AUTOPSY? (Yes of N	IN CERTIFYING	RE FINDINGS C	ONSIDERED ATH?
CAL	DEATH (notify med	AS UNDERLYING DE CAUSE OF	21 B. home etc.)	PLACE OF INJURY leage, in a, form, foctory, street, off	or about 21C. WHERE DID	(If In Bolt)	more City, give	exact facotion)
MEDI	21 D. TIME (Mo	nthi (Doyl IYearl	1Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	(APPROX.)		Whil	e Al  Nol While				
	22. I certify that	(I) (this haspital)			ly 28, 1969	7		
	that (l) (we) last	saw the decease	dilve on	July 29. 1969				969 19
						hat in (my) (aur) o	pinian deoth	accurred on the dote
	23A. SIGNATURE	17 a	od ubdve. (I)	(me) (did) (did not) vi	ew the bady after death.			971-01
		11:11	(	Atten	ding Med.	Staff	23 B. DATE	SIGNED
	23C. PHYSICIAN'S	Vyjun.	della	MCCOPEGREE Phys.	Director L	Phys.	7-2	9-69
	NAME (Type)	0		2.	3D. ADDRESS	Canal	- 11	11
24A	Dr. I	Saunders	lave v	MD DEGREE	3414 Dove 11 A.	CORING	1 1311	d.
-	REMOVAL (Specil	8-1-69		ME of CEMETERY OF CREA			City, town, or c	
25.5	Burial			timore Natio	onal Cem Bal	Ltimore,	Marylar	nd
ZSA	DATE REC'D BY F		25B NAME OF		25C. FUNERAL DIRECTO	R		ADDRESS
L	UG4 196	9 Vabert E.	Marber,	has ()	Herbert E.	Witter 30	35 W. 1	North Ave
A2	50-REV. 1/1/68							

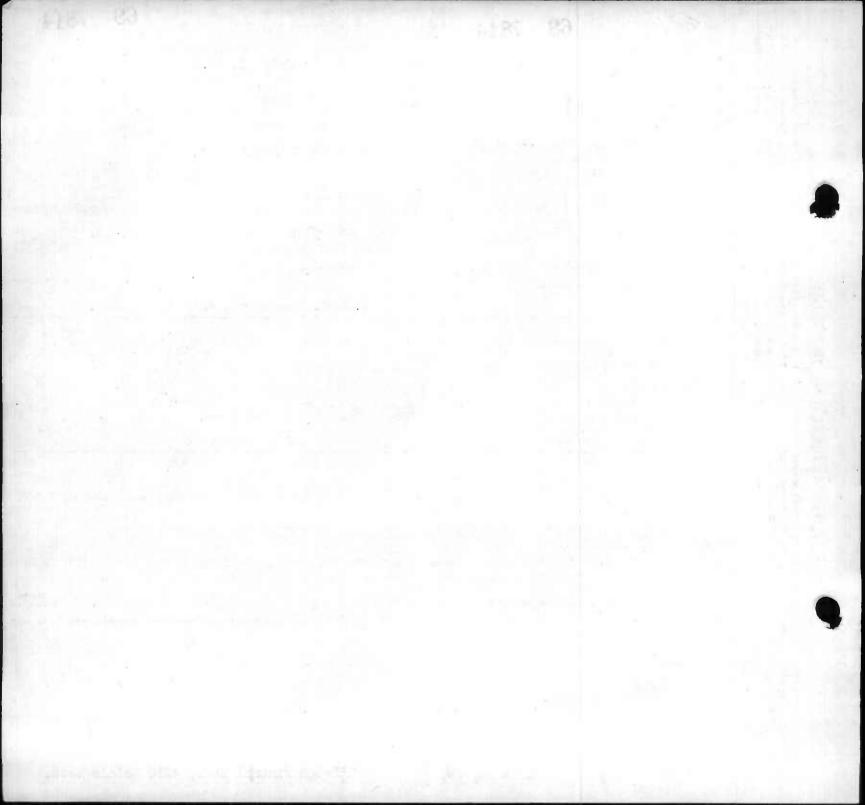
Market in enemo chang

1		HEALTH DEPARTMENT REG. No. 69 7813			
che the	5-320 69 7813 CERTIFICA	TE OF DEATH			
as as	1. NAME OF DECEASED Mary	2. DATE AND HOUR OF DEATH			
of d of d Dece	Florence Margaret Stauch  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	Aug. 1, 1969 7:05 P. M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
4		A. STATE B. COUNTY  Md. 7 7 40			
4 8 0 B	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
use; use; tend	Jenkins Memorial Hospital	Baltimore YES X NO			
ed in pring r att r att prior le.	7/ 1000 S. Caton Avenue Baltimore, Md. 21229	5915 Greenspring Ave. 21209			
occurred ontributi ermined regular eased pr					
	MARKIED IN INEVER MARKED	B. DATE OF BIRTH 9. AGE (th years last birthday) 10-13-1903 9. AGE (th years Months) 10-13-1903 11 Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY				
det det in ion	done during most of working life, even if retired) Housewife	Maryland U.S.A.			
if de ect o t) Un was the posit		14. MOTHER'S MAIDEN NAME			
5	Daniel A. McKenna	Elle Ryan HoKenna Ellen Ryan			
stant e di ind; eath e on	S. Wos Deceosed Ever in U. S. Armed Forces?   Yes, no or unknown    (If yes, give wor or dotes of service)   SECURITY NO.	Jenkins Memorial Hospital 1000 Caton Ave.			
the the kin de nce	Unknown NO 215-05-5053	Jenkins Memorial Hospital 1000 Caton Ave.			
da da	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
W . O O E	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Die 10 hours			
Also re of noun atte	(A) IMMEDIATE CAU: (This does not mean the mode of dying, e.g., DUE TO OR AS A	SEE (			
er. ctu pro lar lar	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
fra fra egu	ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:			
xa kan wh wh	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A			
al eg	UNDERLYING CONDITION losi. (C)	ASOND gins			
lical rns; sici was	7 11				
bour hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    SISEASE OR CONDITION GIVEN IN PART 1 (A).				
dy dy he	U DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
ch y Bo th th					
the (2) ere o phe efor	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, off to be placed to the control of the control	n or obout 21C. WHERE DID (If In Boltimore City, give exoct location) injury OCCUR?			
orthonical re; ( whe No	DEATH (notify medical examines) etc.)	21F. HOW DID INJURY OCCUR?			
artu ppt ppt (6)	While At Not While				
A C O D E	VV OTK CO AT VV OTK	The 19 69 10 / Avg 19 69.			
9 0 0 0	22. I certify that (9 (this haspital) attended the deceased fram that (9 (we) last saw the deceased alive an	19 67 to 19			
sed to int of a pital (eath); ust be	and haur and from the causes stated above. (1) (We) (did) (did not) vi				
dent of death)	23A. SIGNATURE	23B, DATE SIGNED			
must eleas ccide ccide a hos to d	DEGREE Phys	nding Med. Staff Phys. 2 Av. 68			
0 - 0 - 2 >		3D. ADDRESS			
was was A. at at prior	Ralph E. Updike				
0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)			
his cert ne bod) hows: ( as D.O ecease	Burial 5 AUG 69 New Cathedral Cem	etery O Baltimore, Maryland			
This of the bashow was decement	25A. DATE REC'D BY CHEST THE DEPT. 25B. NAME OF TROUSTRAN	J. E. Loweld Lemmon 4611 Park Heights Ave.			
E = 7 3 0 3	VC 150-REV. 1/1/68	10 The month of the control of the c			



	H-520	
hospital and use of death ; (5) Deceased dance on the odeath. Such	BIRTH NO.  1, NAME OF DECEASE! (Type or Print)	D
of of Dec ath.	3. PLACE IN BALTIMO	R
n a hospi cause o use; (5) D tendance		(I A
n a a a a a a a a a a a a a a a a a a a	44 Union	1
ibuti ined ined ular ular	S. SEX 6. RA	1
mine golar sed	Female Wh	ľ
if death occurred in ect or contributing 4) Undetermined cat was in regular att the deceased prior position is made.	done during most of workin	9
if dear ect or 4) Und was i the de	13. FATHER'S NAME	_
direct dy (4) U th wa on the dispos	Ada	ů.
0 20 -	15. Was Deceosed Ever (Yes,no or unknown) (II y. NO	
must be approved by the chief medical examiner. Also, sleased to the hospital by a medical examiner. Also, cident of any nature; (2) Body burns; (3) A fracture of a hospital (except where the physician who pronounc to death); and (6) No physician was in regular attenal must be obtained before the remains are embalmed	DISEASE OF LEAR (This does not meant failure, as the injury or camplica ANTE DISEASES OR CONTINUE TO THE DEATH BU UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CONDITION OF CONTRIBUTING DEATH (notify media) of INJURY (APPROX.)  21. I certify that that (I) (We) last and haur and from 23A. SIGNATURE	Die er
This certificate the body was restroyed was constitution and was D.O.A. at a deceased prior written approve		y)
\tau > 9 > 3	1100	I
	VS 150-REV. 1/1/6B	-

11 -00	BALTIMORE CITY	Y HEALTH DEPARTMENT	CO 170					
H-520 69	7814 CERTIFICA	TE OF DEATH REG. NO	09 /814					
1, NAME OF DECEASED (Type or Print)  ET.	IZABETH A. HENNESSEY	July 31, 1969	1					
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admission					
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	Maryland	2642					
INSTITUTION		C. CITY OR TOWN. Baltimore	SIDE CITY LIMITS?					
44 Union Memoria	l Hospital	E. STREET AND THINSERIDE Ave.	YES NO NO					
S. SEX 6. RACE Female White	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH Aug. 22, 1910 9. AGE (In yeors lost hirthdoy) 58	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	WIDOWED DIVORCED VOIK 108, KIND OF BUSINESS OR INDUSTRY	0	12, CITIZEN OF WHAT COUNTRY					
done during most of working life, even if retire		Maryland	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Adam Thoman		Margaret Kunkel						
15. Was Deceased Ever in U. S. Armed	Forces? 16. SOCIAL	17. INFORMANT	ADDRESS					
No (Yes, no or unknown) (III yes, give wor or d	dotes of service) SECURITY NO.	John G. Hennessey, 4219 S	eidel Ave.					
	of dying, e.g., and the disease, sed death.)  SES  If ony, giving A) stating the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?					
21D.TIME (Month) (Doy) (Ye OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR?	7-1 50 10					
that (1) (we) last saw the deced	22. I certify that (I) (this hospital) attended the deceased from Musky 3 19 10 pully 3 19 6 1, that (I) (we) last saw the deceased alive on 19 6 9 and that In(my) (our) opinion death occurred an the date							
23A. SIGNATURE  23C. PHYSICIAN'S	stated above. (1) (We) (did) (did not)	ending Med. Staff	238, DATE SIGNED					
NA AAF (Type)	F. Polek, M.D.	3603 Belair Road						
24A. BURIAL CREMATION, 24B. DATE	24C, NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)					
Burial 8/4/6	Gardens of Fa	aith Overlea, Mo	1.					
AUG 5 1969 Pabe	25B. NAME OF REGISTRAR	ULArich Fineral Home, 42	ADDRESS 210 Belair Road.					



IMPORTANT

FUNERAL DIRECTOR:

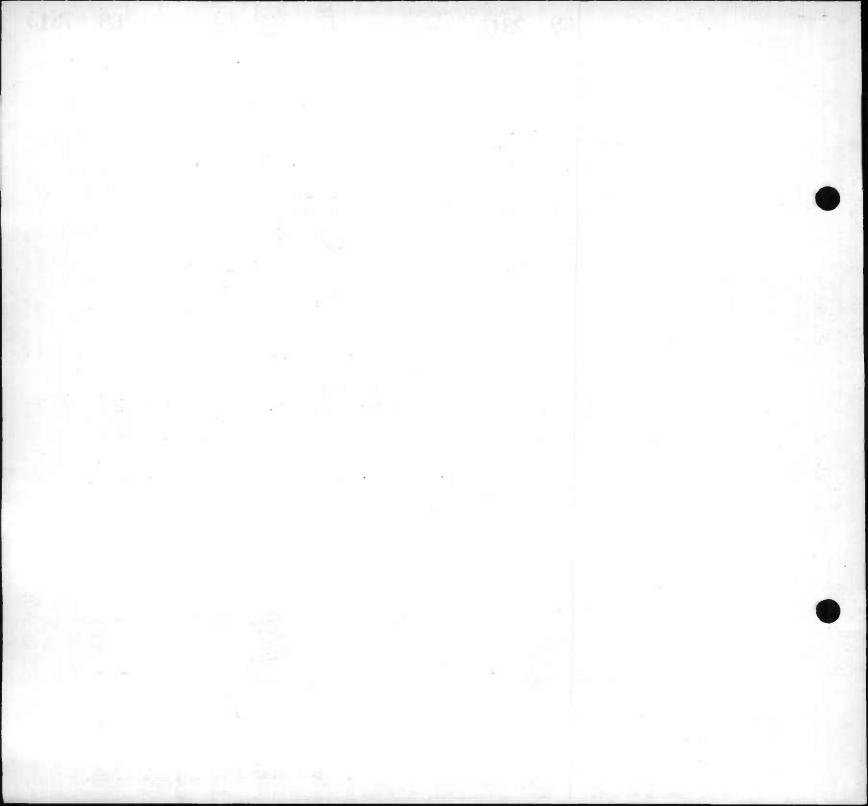
1	5-26	0 69	7815	-	HEALTH DEPARTMENT		69 7815	
	TH NO.		LOTO	CERTIFICA	TE OF DEATH			
	AME OF DEC	FAKIR	TOHN	C.		31-69	8:30 P M	
3. 1	LACE IN BAL	TIMORE MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CC	Where deceased lived. II in:	stitution: residence before admission)	
HC	LL NAME OF	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU	JTION, GIVE STREET	Marylad E	Baltimore	DE CITY LIMITS?	
IN:	TITUTION	Baltimore Ci			C. CITT OR TOWN	D. 114311	YES NOTO	
	21	4940 Eastern	n Avenue		E. STREET AND NUMBE			
-	-/ (	Baltimore, N	Maryland 2	1224	6553 St. He	elena Ave. 212	22	
S, S	EX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	
	Malle	White	WIDOWED	DIVORCED	3-18-09	60		
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	lareign country)	12. CITIZEN OF WHAT COUNTRY?	
	Vender	working life, even if retired	3)		Virginia	a.	USA	
	FATHER'S NA	ME			14. MOTHER'S MAIDEN			
		Harry R	. Baker			Alice Reed		
15. (Ye:	Was Deceased	Ever in U. S. Armed	Forces? otes of service)	1 6. SOCIAL SECURITY NO,		4940 Eastern	Avenue Address	
١.	No				Records:	Baltimore, Ma	ryland 21224	
	18.	13 16		CAUSE OF DEAT	H		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE PULMONARY L'IMBOLY 10 DAYS  DUE TO, OR AS A CONSEQUENCE OF:  AR TERIO SCLEROTTC							
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
		e obove couse (A G CONDITION lost,	A) sloting the	(c)				
_		- 11					2 WKS.	
ATION	TO THE DEA	FICANT CONDITIONS ( TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINAL	THROM	BOSIS 16	FF FEMO,	RAK ARTERY	
U		F OPERATION 198. CO	ONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE P		
ERTIFI	7-31-	69 FE		2) PULM EM		D (III la Raltimar	City sive avest leasting)	
AL C	21.A. ACCIDENT WAS UNDERLYING   21.B. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID (It in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, larm, factory, street, affice bldg., INJURY OCCUR?							
EDIC	21 D. TIME	(Month) (Day) (Yes	or) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
2	(APPROX.)		Whi	ile At Not While	е			
	22. I certify	that (1) (this hospi	tal) attended t	he deceosed fram	7-19	1969 to 7	-31 19 69	
	that (I) (we	) last sow the deced	sed olive on	7-31	19 69 and	d that in(my) (our) apid	nion death accurred on the date	
	and hour ar	d from the causes s	tated above. (I	) (We) <u>(dld)</u> (did not) v	view the body after dec	th.		
	23A. SIGNAT	URE	0	81.			23B. DATE SIGNED	
	Will	earn &	fower	d, F-MD Att	ending Med.  Director	Staff Phys.	7-31-69	
	23C. PHYSICI	AN'S Type)		/	23D. ADDRESS 4940 ]	Eastern Avenue		
	201161	INU E DI	NU FRSI	TR. M.A.	DOTT	more, Maryland		
24/	BURIAL CR	EMATION, 248, DATE	24C. N	AME of CEMETERY OF CR	EMATORY 241	D. LOCATION (Ci	ty, town, or county) (State)	
]	Burial	8/4/6	9 Dru	dd Ridge Come	tom	Pikesville,	Md.	

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased december to death where the physician who pronounced death was in second cause; (5) Deceased deceased prior to death). was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR E. Jaiber M. B.

25c, FUNERAL DIRECTOR ADD Wirich Buneral Home, Dundalk, Md.

ADDRESS



and

attendance on the

was in regular

death

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

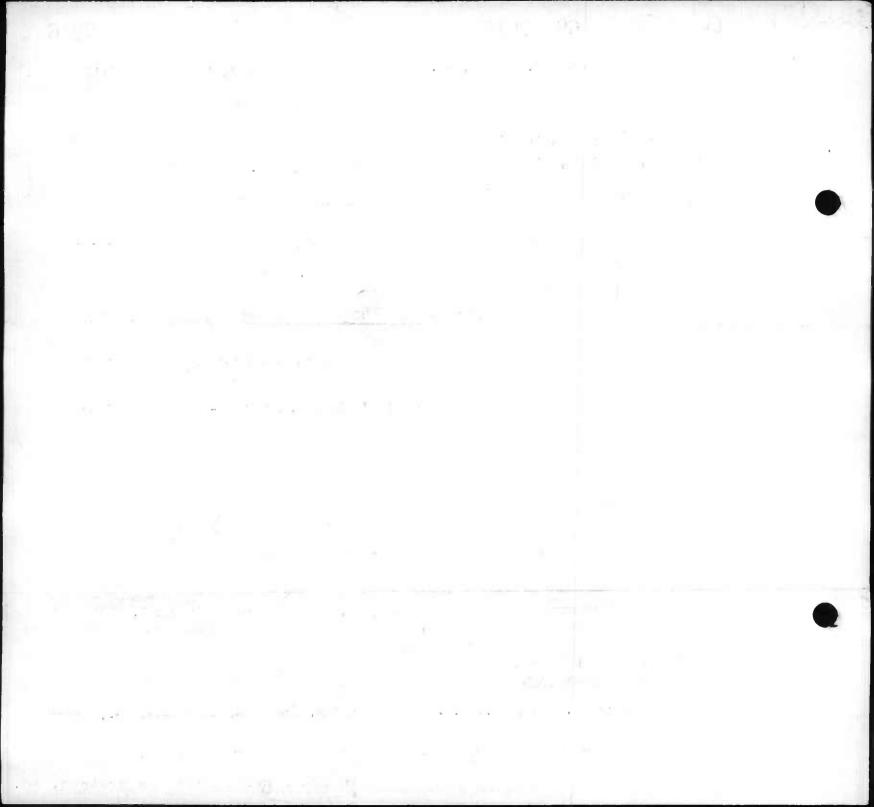
was D.O.A. at a hospital (except where the physician who pronounced

cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

RAITIMODE CITY HEALTH DEPARTMENT

BIRTH NO. 69 7816 CERTIFICATE OF DEATH REG. NO. 69							
I NAME OF DECEASED							
Charles D. Warner, Jr. August 3, 1969	:15 AM						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: reside	ence belore odmiss						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Washington	7/03						
de la company de	S?						
The Baltimore City Hospitals  Hagerstown  YES  E. STREET AND NUMBER	NO 🔀						
Baltimore, Maryland, 21224 128 North Ave. 21740 043							
5. SEX   6. RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In years   If Under 1)	Yr. , II Under 24						
Male White WIDOWED DIVORCED 8-15-26   Months Doy	Haurs Mi						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of Ingriso Country)	OF WHAT COUN						
done during most of working life, even if refired)							
Salesman Auto Farts Maryland U.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.S.A.						
CHARLES SR MARY V. Shaw							
15 Was Danied Emily 11 S A . 4 E							
(Tes, no ar unknown) (II yos, give wor or dates of sorvice) SECURITY NO.	DRESS						
yes   WWII   217-18-7864   BCH RECORDS: 4940 Eastern Ave.	21224						
CAUSE OF DEATH	PROXIMATE INTERV						
DISEASES OR CONDITIONS, if ony, giving nise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	l year						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (Yes or No.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (YES OR NO.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (YES OR NO.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (YES OR NO.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (YES OR NO.)) 208. IF YES, WERE FINDINGS CONDITION (2004, AUTOPSY? (YES OR NO.)) 208. IF YES (YES OR NO.)	ICIO ED ED						
none WAS PERFORMED XXXX YES IN CERTIFYING CAUSES OF DEAT	H?						
U 21A. ACCIDENT WAS UNDERLYING   21R. PLACE OF INJURY (e.g., in or about 21C, WHERE DID OR CONTRIBUTING   CAUSE OF DEATH (notify medical examines) RO  21R. PLACE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? etc.)   (If in Boltimare City, give examines)   (If in Boltimare C	ct location)						
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR							
(APPROX.) While At No! While							
On the state of th	40.40						
that (1) (Well last saw the deceosed alive on August 3. 19 69 and that in (my) (MOT) Copinion death of and haur and from the causes stated oboye. (1) (We) (did) (did) (did) view the body after death.	curred on the						
23A. SIGNATURE)	ENED						
23C. PHYSICIAN'S NAME (Type)  Affending Med. Director Phys.   23D. ADDRESS  8/3/69	<u> </u>						
	21224						
24A. BURIAL CREMATION, 124R. DATE 124C NAME OF CREMATERY COMMAND	>						
REMOVAL (Specify)	nty) (State						
burial 8-6-69 Cedar Lawn Cemetery Hagerstown, Nd.							
BUILDE 1000 O 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DORESS						
AUG 5 1969 16.68 Roll 10 1 1 Minnigch Funeral Home Hager	stown,						

Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-635  BALTIMORE CITY HEALTH DEPARTMENT	0 20.45
BIRTH NO. 69 7817 CERTIFICATE OF DEATH REG. NO.	9 7817
1. NAME OF DECEASED PARTINDALE 2. DATE AND HOUR OF DEATH (Type or Print) FRANCES MARTINDALE 2. DATE AND HOUR OF DEATH 8 1 1 69	640 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution	
A STATE B. COUNTY BUSINESS	
HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  O. INSTITUTION  O. INSTITUTION  O. INSTITUTION	
BALTIMORE YES	П 00
UNION MEMORIAL HOSPITAL E. STREET AND NUMBER MARY LAND 21221	
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   11 U   Mon   M	nder 1 Yr. If Under 24 His.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) 12.	CITIZEN OF WHAT COUNTRY?
Floor Lady Security Laundy Balto, Md.	
13. FATHER'S NAME	2.14.1
HARRY EBBERTS BLANCHE (UNKNO	
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDRESS
2/2-03-4820 Fielder J, Martinda	e - Same
DISEASE OR CONDITION DIRECTLY Toxaemia due to infletion	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	u mouth.
heart failure, asthenia, etc. It means the disease,	5
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the	ers /
UNDERLYING CONDITION last. (C)	Dig Jans
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  SIDISEASE OR CONDITION GIVEN IN PART 1 (A).	****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL  OTHER SIGNIFICANT TO THE TE	GS CONSIDERED
OP CONTRIBUTING CALLER OF	give exact lacotion)
DEATH (notify medical examiner)	
OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) White At Not White At Work	
22. I certify that (I) (this haspital) attended the deceased from	19
that (we) lost saw the deceased olive an	eath occurred on the date
and hour and from the causes stated abave. (1) (We) (id) (did nat) view the body ofter death.	ATE SIGNED
Attending Med. Staff V	11/69
23C. PHYSICIAM'S NAME (Type)	110
HNNE L. LEDDY ORGREE Union / Memorial Hosp	pelal
24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, 10th Burial 84-69 New Cathedral Cemetery Baltimore, Mayle	n, or county! (State)
Burial 8-4-69 New Cathedral Cemetery Baltimore, Mryli 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
AUG 5 1969 Robert E Jarber M.D.9 0 John C. Miller Inc6415 B.	elain Rd -21204
VS 150-REV. 1/1/68	-212UD

VILLE MEMORIAL HOSPITAL

2 24 63

STATE OF THE PARTY.

HARRY EIRRERTS

BLANCHE (UNICHOUN)

The second second - in-

MARWLAND 21221

and to dealette terms

21

Lune & Geddy 11.7. ANNE : LEDDY

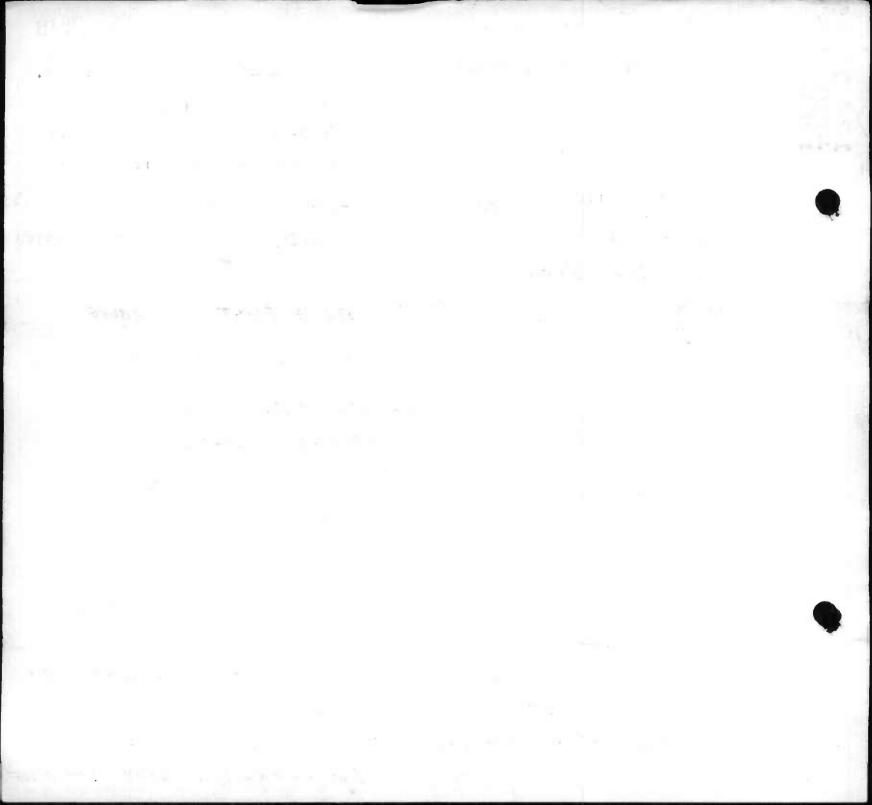
Lucen Manoual Hospilas

		1	
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	100

V-620 50 70	BALTIMORE CITY	HEALTH DEPARTMENT		CO	PO . 0
BIRTH NO.	18 CERTIFICA	TE OF DEATH	REG. NO.	09	/818
T, NAME OF DECEASED  (Type or Print) VOOR HEES	Mr. THOM,	AS 2. DATE AND HO	969	12	120 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where dece		tion; residence be	efore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?	300
	- shi tal	BALTIMORE	YE	S 2 NO	
Shunh Home of the	Iva Baltine	E. STREET AND NUMBER  MD 2(2) / 9	DAHLI	A Lan	e (20)
5. SEX 6. RACE 7. MARR WIDOV	VED DIVORCED	12.8.1992   9. AG   lost bit	thdoy)	Under 1 Yr. H	f Under 24 Hrs.
iOA. USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	intry) 1	2. CITIZEN OF W	HAT COUNTRY?
SHEET METAL WORKER		Permy evamia		Ame	ria
13. FATHER'S NAME David Vorhes		14. MOTHER'S MAIDEN NAME			
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	1	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of servi	205 07 223	g Miriam	Voor hee	o Dale	e: Le
18.77/10	CAUSE OF DEAT		- (	APPROXIA	MATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1. + 1.	1 2. 7.	. MI	NSEI AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CA		July	- 100	
heart loilure, asthenia, etc. It means the dise	ose, DUE TO, OR AS			St. B	· B .
injury or complication which coused death.)  ANTECEDENT CAUSES	-	CHF Cardio Spric	- dict	7. 4	+1. c+=
	(8)	A CONSEQUENCE OF: AN		of the a	
DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoting		A CONSEQUENCE OF			Chem-
UNDERLYING CONDITION lost.	(C)			V ( )	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN					
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	IN I	IF YES, WERE FINE		RED
THE SCHOOL STATE OF THE STATE O	010 01 00 00 00 00 00	YES			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	ffice bldg.,	(If In Boltimore Ci	ity, give exoct loc	otion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJURY C	CCUR?		
(APPROX)	While At Not Whi				
22. I certify that (I) (this haspital) attended	ed the deceased fram	7.28.65 19	ta Q.		1965
that (1) (we) last saw the deceased alive	an	19.65 and that in (			
and haur and fram the causes stated abov 23A, SIGNATURE	e. (1) ( <del>me)</del> (did) (die-met)	view the bady after death.	23	B. DATE SIGNED	
Aladus Samad.		ending Med. Staff Phys.	7	8.1.19	69
23C. PHYSICIAN'S NAME (Type)	DEGREE Phy	23D. ADDRESS Church Home of H	shift !	Belting	~ MP.
ABDUS SAMAD	DEGREE	CACCAL LIGHT A III	/		21231
24A. BURIAL CREMATION, 24B. DATE 246.	Fair VIEW C		ting to	The same of the sa	(Stote)
Butia 8-3-1969					ecc.
AUG 5 1969 Tabes E. Jan	SE OF REGISTRAR	1 25C. FUNERAL DIRECTOR	goks Tou	Joen,	Md.
VS 150-REV. 1/1/68					

in a company continue again is that if the The To Thermore from more provide Course Marchael time disposement H! car consisted that the B B Wirden Santel 6,160 36371 11-2 M. Somet there a troped to Bullion EARNS INCOM

BALTIMORE CIT	Y HEALTH DEPARTMENT
3 5 5 69 7819 CEPTIFICA	ATE OF DEATH REG. No. 69 7819
BIRTH NO.	ATE OF DEATH
(Type of Pant) XXXXX FLORA JOHNSON	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	8-2-69 5:30 P. M.  4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
WARREN PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE 5360
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	ESSEX YES NO D
PIL JOHNS HOTKINS HOSFITAL	E. STREET AND NUMBER 314 SOUTH WOODWARD DRIVE 21221
5. SEX   6. RACE   7. MARRIED   ALCIED AND DOOR	
MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yeors lost birthday) If Under 1 Yt., if Under 24 His. Manths! Days Haurs : Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	3-27-02 67
done during most of working life, even if retired)	11. BIRTHPLACE (Stota or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWISE	MD UNITED STATES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEONARD VOET	, -
15. Was Deceased Ever in U. S. Armed Farcas? (Yas,na ar unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	ANNA FAUST ABOUT
The state of bin,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE MYOCARDIAL INFARCTION & hours
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	JSE MYOCARDIAL INFARCTION & hours A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	ALTER MEANT DIACK
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS	PLETE HEART BLOCK A CONSEQUENCE OF:
I live a star to the star and t	
UNDERLYING CONDITION last. (C)	LMONARY EMBOLUS
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  RECENT	CUA, HYPERTENSION DIABETES
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 17 21B. PLACE OF INTURY IS CALLED.	
WAS PERFORMED	20A-AUTOPSY? (Yas or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY 10.94	B. or obout 27 C. WHERE DID.
OP CONTRIBUTING CALLER OF	n ar obout 21C, WHERE DID (if in Baltimore City, give exact location) (fice bidg., INJURY OCCUR?
O Ale street of Administration of the street	
DEATH (natify medical examined NO etc.)  21D-TIME (Mank) (Day) (Year) (Haur) 21E INJURY OCCURRED  OF INJURY  White At The New Wall	21F. HOW DID INJURY OCCUR?
APPROX.)   While At   Not While At Work   At Work	° 🔲
22. I certify that (1) (this hospital) attended the deceased from	UCUST 2 413/11969 to AUGUST 2, 53/1111969
that (1) (we) last saw the deceased alive on AUC-U STD. 5-30	/em 19 and that in(my) (aur) apinion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did nat) v	few the body often death
23A. SIGNATURE	23B, DATE SIGNED
Alte	nding Med. Stoff 101
23C. PHYSI CIAN'S DEGREE Physical Degree Physi	23D. ADDRESS
NAME (Typel	
HARVEY G. MLEIN  OEGREE  24A- BURIAL CREMATION, 124B. DATE  124C. NAME of CEMETERY OF CERE	THE JOHNS HOPKINS HOSPITAL
REMOVAL (Specify)	total
BURIAL 010/69 GARDENS OF	SAITH BALTO. MO.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 5 1969 Oaber E. Jarber M.D.	JOBOLANGELLY SOUS 300 MACE
VC 160-PEV 1/1/69	



11 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-540 BALTIN	MORE CITY HEALTH DEPARTMENT
	TIFICATE OF DEATH REG. NO. 69 7820
(Type or Print) MANUE L. THOMAS	August. 3. 1969. 760 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE SINSTITUTION)	C. CITY, OR TOWN D. INSIDE CITY LIMITS?
CHURCH Home & HosPITAL	BALTIMER E YES NO
35 100 NORTH BROADWAY B	E. STREET AND NUMBER 256 BOULDEN
5. SEX 6. RACE 7. MARRIED NEVER MA	ARRIED   8. DATE OF BIRTH   9. AGE (In years   11 Under 1 Yr. If Under 24 Hrs.
	ORCED     1/3/ 1/82   86
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Jose men Jas telestice G	VIRGINIA USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS MANGEL.	KNKNOWN.
15. Wos Daceosad Ever in U. S. Armed Farcos?  Yes, no or unknown!   Ul yes, giva war ar datas at service!   SECURITY	NO. 17. INFORMANT ADDRESS
UNK 21205	111111111111111111111111111111111111111
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MyocariAL INFARCTION
This does not man the made of discovery (A)IMM	EDIAIC GAUSE
heart failure, asthenia, etc. It means the disease,	TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	ATERIO SCHERTIC HEART. A SEASE E
DISEASES OR CONDITIONS, if any, giving DUE	TO, OR AS A CONSEQUENCE OF: REVIOUS ATTACKS
nse to the above couse IA) stating the UNDERLYING CONDITION tast. (C)	TO, OR AS A CONSEQUENCE OF: PREVIOUS ATTACKS  OF MYO CORDIAL INFARETION
10	
A IDISEASE OR CONDITION GIVEN IN PART 1 (A).	Congestive Heave Failure
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERAT	TION 20A- AUTOPSY? (Yas or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ	JURY (e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exoct location)  7, street, affice bldg INJURY OCCUR?
U I	
OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCI	URRED 21F. HOW DID INJURY OCCUR?  Nat Whila At Wark
22. I certify that (I) (this hospital) attended the deceased	
that (i) (we) lost sow the deceosed olive an Quant	from Chignes 2 19 69 to August 2 1969
	the dotte
ond hour and from the couses stoted obave. (i) (We) (did) (a	did not) view the bady after deoth.
Corazon Z. Vergrer , M.D.	Attending Med. Stoff Phys. 23 R. DATE SIGNED Quegnet 3 1969
23C.PHYSICIAN'S NAME (Type) CORAZON Z. VERGARA, LD	23D. ADDRESS Church Home of Hogaital
24A. BURIAL GREMATION, 24B. DATE 24C. NAME of CEMET BURIAL (Specify) 8/6/69 OAK L	ERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
AUGO 1000	1 Commally Jones 300 Mise
VS 150-REV. 1/1/68	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7	-122		10.01	BALTIMORE CITY	HEALTH DEPART	MENT			
BIRTH	No.	69 7	821	CERTIFICA	TE OF DE	ATH RE	G. NO	69	7821
1. NAA	or Print) (Take		vis		2	B-1-69	OF DEATH		11:50PM
3. PL A	ACE IN BALTIMORE, MARYLA		-	ED DEAD	4. USUAL RESIDE	NCE (Where deceased	d lived. If insti	tution: residence	
FILL	NAME OF (IF NOT IN	HOSPITAL OR I	OILITITO	N. GIVE STREET	MARYLANI	)		1401	/
HOSP	ITAL OR ADDRESS O	R LOCATION)		N, OIVE SINCE!	C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
	940 EASTERN AVEN	SPITALS			BALTIMOR		Y	ES X	NO .
1	ALTIMORE, MARYLA		Λ		E. STREET AND IN	ECHEN STREE	T 21217	Apt.	716
5. SEX		7. MAI		NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In	yeors	If Under 1 Yr.	. If Under 24 Hrs.
MA	ALE NEGRO	WIDO	WED A	DIVORCED _	2-9-00	lost birthdo	, ,	Months Doys	Hours Min.
	SUAL OCCUPATION (Give kind uring most of working life, even if		ND OF BUS	SINESS OR INDUSTRY				12. CITIZEN O	F WHAT COUNTRY?
0	ETIRED		. Pubi	IC HEALTH	SOUTH CA	ROLINA		U.S.	Α.
13. FA	THER'S NAME		H	OSPITAL	14. MOTHER'S M	AIDEN NAME		Livi	1
Γ	THOMAS DAUIS				DINAH	MAGAZIN	E		
IS. Wo	os Deceased Ever in U. S. Am	ned Forces?	16.	SOCIAL SECURITY NO.	17. INFORMANT			ADD	RESS
	U0	01 00100 01 001		5-44-0309	BCH RECO	RDS-4940 EA	STERN A	VE. BAL	TO. MD.212
18		<del></del>	Ţŧ,	CAUSE OF DEAT					POXIMATE INTERVAL
	TOISEASE OR CONDITIE				Ĉ	VA		BEIMER	EN ONSET AND DEATH
	LEADING TO D			(A) IMMEDIATE CAU			abolitish		32.
h	This does not mean the me eort foilure, asthenia, etc. It	means the dis	sease,	DUE TO, OR AS	CONSEQUENCE C	F:			
ir	njury ar camplication which								
	ANTECEDENT C	AUSES		(B)					
	DISEASES OR CONDITION se la lhe abave cause		-	DUE TO, OR AS	A CONSEQUENCE	OF:			
	INDERLYING CONDITION I		1110	(c)					
	11								
	THER SIGNIFICANT CONDITION THE DEATH BUT NOT RELAT			CH					
	ISEASE OR CONDITION GIVEN	IN PART 1 (A).		CH OPERATION		(Yes or No) 20B. IF	VEC WEDE EIN	IDINGS CON	SIDERED
		AS PERFORMED		CH OPERATION	NO NO	IN CERT	IFTING CAUS	ES OF DEATH	1?
CERTIF	A. ACCIDENT WAS UNDERL	YING	21 B. PLA	CE OF INJURY (e.g., i	or obout 21 C. WH	ERE DID (I	f in Boltimore (	City, give exoc	t location)
4 D	R CONTRIBUTING CAUSE EATH (notify medical examine)		home, fe	arm, foctory, street, of	fice bldg., INJURY	OCCUR?			
0 21	D. TIME (Month) (Day)	(Year) (Hour	21 E. INJ	URY OCCURRED	21 F. HOV	W DID INJURY OCC	U R?		
30	F INJURY APPROX.)		While A	Not Whil					
			Work	At Work			C. 1	4	17.
	2. I certify that (III (this h					19 67	ta &	l	19.69.
th	nat (H) (we) last saw the d	eceased aliv	e an	8/1	19 67	and that in (pry)	(aur) apini	an death ac	curred an the date
aı	nd haur and from the caus	es stated abo	ve. SH(W	(e) (did) (did not) v	iew the bady aft	er death.			
23	A. SIGNATURE	100	1				2	3B, DATE SIG	NED /
	316	- Nee	re h	MD DEGREE Phy	nding Med Dire	ctor Staff Phys.		8/1	169
23	C. PHYSICIAN'S NAME (Type) J.R.	NEEFE, 1	MD.		23D. ADDRESS	TAN HOODEN			
	Mal	W.		4	940 EXSTER	IN AVENUE, TA	BALTIMO	RE, MAR	YDAND 21224
	BURIAL CREMATION, 24B. D	ATE	24C.NAME	of CEMETERY of CRE	MATORY	24D. LOCATION		town, or cour	
T	REMOVAL (Specify)	7-69	100	UTUS ME	m. PK.	BALT	0. 0	od.	
25A. [	DATE REC'D BY HEALTH DEP	T. 25B. N.	AME-OF R		35C. FUNERAL		R Bank		DDRESS
AU	G 5 1969 Valed		ev, 12.0	19 8 0	OKEKART	H. 11348	N. Cal	habn S	54.
V\$ 15	0-REV. 1/1/6B	<u>I</u>	A had	1	The state of the s				

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BALTIMORE CITY HEALTH DEPARTMENT %# 53-40-22 REG. NO CERTIFICATE OF DEATH Such the and of death Deceased 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) no a hospital death. 4, USUAL RESIDENCE (Where deceased lived. If institution, residence belove admitsion) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION D. INSIDE CITY LIMITS C. CITY OR TOWN cause; 0 YES X NO BALTIMORE = prior E. STREET AND NUMBER contributing occurred 2518 W. BALTIMORE ST. 21223 Undetermined regular mad If Under 1 Yr. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. RACE tf Under 24 Hrs. MARRIED X NEVER MARRIED deceased lost birthday Hours 3-15-20 WIDOWED DIVORCED 49 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) = 0 PAINTER JARYLAND Was 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 COPPER STELLA GRIFFIN assistant eath LO ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT kind or final (Yes, no or unknown) (If yes, give wor or dotes of service) the SECURITY NO. attendance RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE IMD Ö any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, the chief medical examiner regular examiner. injury ar complication which caused death.) ANTECEDENT CAUSES who 0 are DISEASES OR CONDITIONS, if any, DUE TO, OR AS A CONSEQUENCE OF (3) lo the obove couse (A) stating the physician UNDERLYING CONDITION lost, remains (c)..... medical burns; Was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 20B. IF YES, WERE FINDINGS CONSIDERED 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, loctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) (If in Baltimare City, give exact lacation) where the hospital °Z DEATH (notify medical examiner) etc.) nature; MEDIC. obtained 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 9 Not While OF INJURY approved (except While At (APPROX.) Wark pup any 22. I certify that (1) (this hospital) attended the deceased 40 pe that (I) (we) lost sow the deceased alive on. and that in (my) (our) opinion death occurred on the date hospital of eath) ond hour and from the couses stated about (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23B, DATE SIGNED certificate must T Attending Med Staff 8-1-69 0 Phys. D 8 23D. ADDRESS 23 C. PHYSICIAN'S prior approv at NAME (Type) An 4 DEGRE 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION town, or county) deceased he body D.0. REMOVAL (Specify) written shows: uria 25A. DAJE REC'D HEALTH DEPT. 258 NAME OF REGISTRAR ADDRESS DIRECTOR VS 150-REV. 1/1/68

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4-5	60	-			TY HEALTH DEPARTMENT			186-
BIRTH NO.	00	69	7823	CERTIFIC	ATE OF DEATH	REG. NO.	69_	7823
1. NAME OF C	ECEASED					D HOUR OF DEATH		
	Henry	ra He	nul		Quar	wt 1 190	91	7:10 Am
3. PLACE IN	ALTIMORE, MA	RYLAND, W	HERE FRONO	UN CED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceased lived. If in	stitution; residen	ce before odmission)
FULL NAME HOSPITAL OR		SS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	c. CITY ORTOWN	D. INS	IDE CITY LIMITS?	0/
8	4- 3	0			Baltimore		YES 📝	но 🗌
Unwer	0	Jangela	nd Hosy		E. STREET AND NUMBER	141		
Jemale	1129	-	WIDOWED		may 25, 1925	AGE (In years ost birthdoy)	Il Under 1 Yr. Months Doys	Il Under 24 Hrs. Hours Min.
done during most	CUPATION (Giv	e kind of work	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreig	n country!	12. CITIZEN O	FWHAT COUNTRY?
2.2	= Domes	4			Ua.		11. 73	5544 75 C
13. FATHER'S	IAME				14. MOTHER'S MAIDEN NAM	E	UMUMA	V della
	-				Ert. No			
15. Was Decea	ed Ever in U. S wn] (II yes, give	Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	May	ADD	RESS
NÖ			0 00 00111007	SECORIT NO.	Carlesia Cha	bi 1 22	16 20	the A
18.	74 VI			CAUSE OF DEA	TH TH	rung sa	APPI	ROXIMATE INTERVAL
DISI	ASE OR CONT		ECTLY				BETWEE	N ONSET AND DEATH
(This does	LEADING T	e made of	dvina en	(A) IMMEDIATE C		O Invest	4	Kucco
heart failu	e, asthenia, et amplication wh	c. II means	the disease,	DUE 10, OR A	S A CONSEQUENCE OF:			
	ANTECEDEN		20011111					
DISEASES	OR CONDIT	IONS, if a	iny, giving	(B)	S A CONSEQUENCE OF:	****************		
nise lo	the above c	ause (A)	slaling lhe					
	11			(C)		***************************************		
OTHER SIG	HIFICANT COND	MONS CON	NTRIBUTING					
A DISEASE OF	ATH BUT NOT RECONDITION GE	<b>VEN IN PART</b>	1 (A).	******************	**************			************
E 0		WAS FERF	ORMED	VHICH OPERATION		20B, IF YES, WERE F	INDINGS CONS	IDERED ?
DEATH (no	BUTING CAL	JSE OF	21 B. hometc.)	PLACE OF INJURY (e.g., farm, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II In Boltimore	City, give exoct	locotion)
21D. TIME OF INJURY	(Month) (D	oyl (Yeor)		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX.)			Whi	Re At Work				
22. I certi	fy that (1) (thi	s haspital)	attended th	e deceased from	19	ta1.0	Engrat	19 69
				1 Jugust	19 69 and that	In (my) (aur) apin	N	urred an the date
and haur a	nd fram the co	auses state	ed abave. (I)	(We) (dld) (did hot)	view the body after death.			
23A. 51GNA	URE 1	L		4.	landing at 1		23B, DATE SIGN	IED
220 8000	enff //he	rosler	n. MI	DEGREE Ph		hys.	1 augu	21969
23 C. FHYSIC NAME	(Typel		(		23D. ADDRESS		0	
24A. BURIAL C	REAL ATION 1045	B. DATE	in co. ht c	DEGRE				
REMOVAL	(Specify)	1/2/1	24C.NA	ME of CEMETERY of C	REMATORY 24D. LOC	CATION (Git)	, town, or count	yl (Stote)
25A, DATE DEC	D MARLITU	10/6	7 CE	Mulus,	I rem. YK	Dalte.,	Ond.	Carallina and a second
hug J	1303.00	ober E	Jaber	ACD TO	25G. FUNERAL DIRECTOR	D. R. Baile	to and	DRESS
VS 150-REV. 1/	1/68		. 7		MULDIV J. H	. 1348	11. Ca	roun d

Cartinus Janines 3 24 8 198 21 Sec. in Tole and I have in the Salt on Carl

attendance CGUSE prior contributing etermined is made. regular deceased isposition death 2 (4) Und or Was the direct assistant kind; death no 0 or final attendance any pronounced of embalmed fracture the chief medical examiner regular examiner. who are ල physician the remains medical burns; Body 8

BALTIMORE CITY HEALTH DEPARTMENT 7824 CERTIFICATE OF DEATH the death Deceased 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 00 AUGUST 2, to death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE MOM NOHNS HOPKINS HOSPITAL YES R E. STREET AND NUMBER GELSTON DRIVE 122 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years If Under 1 Tr. Months! Doys If Under 24 Hrs. Hours lost birthday 0900 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Teuck DRIDER 4.5.A. 14. MOTHER'S MAIDEN NAME Thomas P. LNIGH

15. Was Deceased Ever in U. S. Armed Forces?

(Yes, no or unknown) (If yes, give war or dates of service) KNIGH 6. SOCIAL ADDRESS SECURITY NO. BROOKFIELD 18. CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LMONARY (A) IMMEDIATE CAUSE tThis does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.) D WITH ADRTIC STENOSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse IA) stoling the UNDERLYING CONDITION lost No physician was II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL METASTATIC MALIGNANCY DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? IYes or No. 208 IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 218 PLACE OF INJURY leg., In or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) the body was released to the hospital MEDICAL DEATH Inotify medical examined of any nature; obtained 21D. TIME (Month) | Doyl | |Teorl Houd 21 & INJURT OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except ; and (6) Not While While At (APPROXI Wark 22. I certify that (1) (this hospital) attended the deceased fram AUGUST 2 19 69 to AUGUST death); that (% (we) last saw the deceased alive an. 19 69 and that in(pp) (aur) apinian death accurred an the date hospital and haur and from the causes stated above. (M (We) (dtd) (dtd) view the bady after death. must An accident 23A. SIGNATURE 238, DATE SIGNED Attending 40 Med. written approval Director L 8 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS 40 D.O.A. 24A. BURIAL CREMATION, REMOVAL ISpecifyl eceased 24C. NAME OF CEMETERY OF CREMATORY shows: PARBUTUS Was 2SA. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Farber M.D VS 150-REV. 1/1/68

-93217 V 10097

THO MAY BE ENGHT

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13/17

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U. S. W.

frame 8-7-69 Pagaran Plan th

SELECT FIRE BARE IN CAR

11	7-460	2	0 120	BALTIMORE	CITY HEALTH DEPA	ARTMENT		69	7825
11	TH NO.	6	9 /82	CERTIFIC	CATE OF D	EATH	REG. NO	UU	1020
1. N	AME OF DEC	ASED					ND HOUR OF DEAT	Н	
(Тур	pe or Print) CL	ARK, ARMSTE	AD			8-1-	69	1	8:00am.
3. 1	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONG	DUNCED DEAD	4. USUAL RESI A. STATE		ero doceosed lived. If	institution: n	esidenco beloro admission)
FU	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	MARYLAN				1303
IN:	MOITUTITE	RE CITY HOS			C. CITY OR TO		D. IN	SIDE CITY L	_
6	1	STERN AVENU			BALTIMO			YES 🔣	No 🗌
PI		RE, MARYLAN			11		ANIA AVENUE	2121	.7
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIR	RTH	9. AGE (in years	II Unde	Poys Hours Min.
	MALE	NEGRO	WIDOWED	DIVORCED	5-19-13	3	lost birthdoyl		
		PATION (Give kind of w		F BUSINESS OR INDU			eign country)		ZEN OF WHAT COUNTRY?
	Labore		Lin	ber garg	VIRGINI			-	J.S.A.
13.	SANFORD	ala Ola	k		ANNA	MAIDEN NA	2 /		
15.	Wos Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	T B	ALTIMORE, N	ARYLAN	ADBRESS24
(Yes	the same of	Ilf yes, give wor or d	otes of sorvice)	2.30-12-24	BCH REC		940 EASTERN		
_	18.			CAUSE OF D	17	<del> </del>			APPROXIMATE INTERVAL
	1 60 06	E OR CONDITION	DIRECTIV			,	4	- 1	BETWEEN ONSET AND DEATH
		LEADING TO DEAT		(A) IMMEDIATE	CAUSE RIST	sixate	14 failu	/y 1	4 weeks
	(This does no	of mean the mode asthenio, etc. II mea	of dying, e.g.	DUE TO, O	R AS A CONSEQUENC	E OF:	11		
	injury or com	plicotion which cous	ed death.)	•	0 10	/	Ÿ		100 100
	ANTECEDENT CAUSES (B) Ca of the Lungs								15 months
		R CONDITIONS, i			R AS A CONSEQUEN	CE OF:	Û		************************
		abave cause 1/ CONDITION lost.	4) Storing Inc	(c)					
		- 11							
ATION	TO THE DEAT	CANT CONDITIONS (	THE TERMINAL	***************************************					****
ICA		OPERATION 198 CO	ONDITION FOR	WHICH OPERATION	20A-AUTOP	SY? Yes or N	o) 208, IF YES, WER	E FINDINGS	CONSIDERED
CERTIFIC	2	WAS P	ERFORMED		Y	ES	IN CERTIFYING	Suses of	DEATH?
CAL CI	21A. ACCIDEN OR CONTRIBU	TING CAUSE OF	21 ho	me, farm, loctory, street	ag, in or obout 21 C. W to office bidg., INJUR	WHERE DID	(If In Boltim	ore City, giv	re exoct location)
DIC.	21D. TIME	(Month) (Doy) (Yes		E INJURY OCCURRED	215 H	IOW DID IN	JURY OCCUR?		
MEDI	OF INJURY	firming facily from		hilo At C Not	While Vork	IOW DID MA	JOK! OCCOR!		
						h/			Ci.
				the deceosed from	1 11 1	7		gust.	19(3-)
		last saw the deced	_	11 11	19/:-			pinion deo	th accurred on the date
	and hour and		toted above.	(A) (A) (a) (a) (a)	ot) view the body o	ofter deoth.		1000 5 43	IT AIGNIES
	Tasl	10	Tout	04.12	Attending 🗀 A	Med.	Shaff TVI	23 B, DA	TE SIGNED
	23 C PHYSICIA	Mumad	Trace	- MI DEGREE	Phys. L. D	Director L	Phys. A	0	1 - 0 -
	PHYSICIA NAME (T	rpel [ ]	IMAI	)	23D. ADDRESS				
244	BURIAL CREA	AATION 248 DATE	1 10/11	DE DE CEMETERY e		And the second second	AVENUE, BAL		
4	REMOVAL (S	pecily)			CKEMIATORT			City, town, o	
25.4	DATERECE	BY HEALTH DEPT.		OF REGISTRAR	1260 811150		HLPEPE	K. U	ADDRESS
	Alie 5		BE Jal		MA FUNER	JUI D	Hanka	00	Vantega

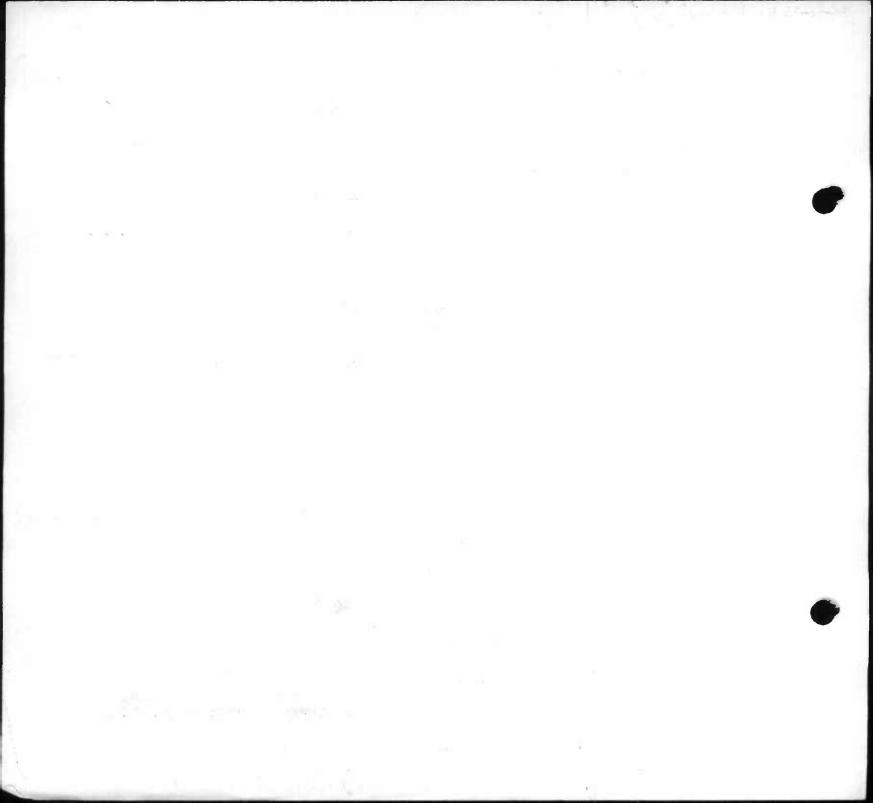
25A, DATE REC'D BY HEALTH DEPT.

AUG 5 1969 Page

25C, FUNERAL DIRECTOR
MoMINIMONSHAL

VS 150-REV. 1/1/68

258. NAME OF REGISTRAR E. Jaben M.D.



VS 151-REV, 1/1/6B

1910

North Carolina U S A

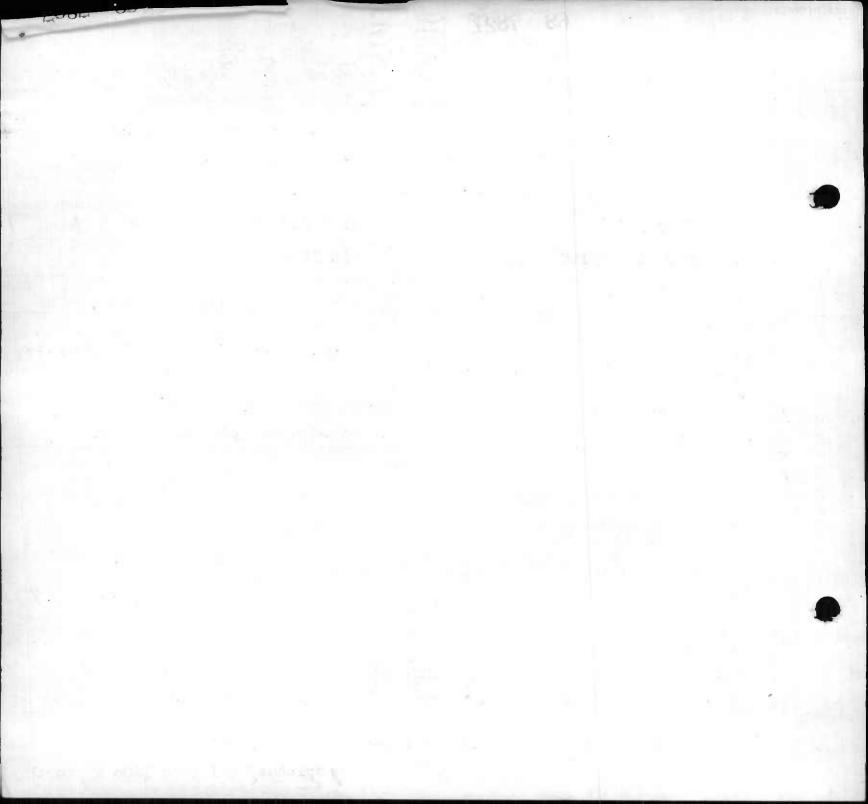
Laborer

246-10-9036 Mr Jerry Single , . . .

8/5/69 Bt Librar Company Hall thore

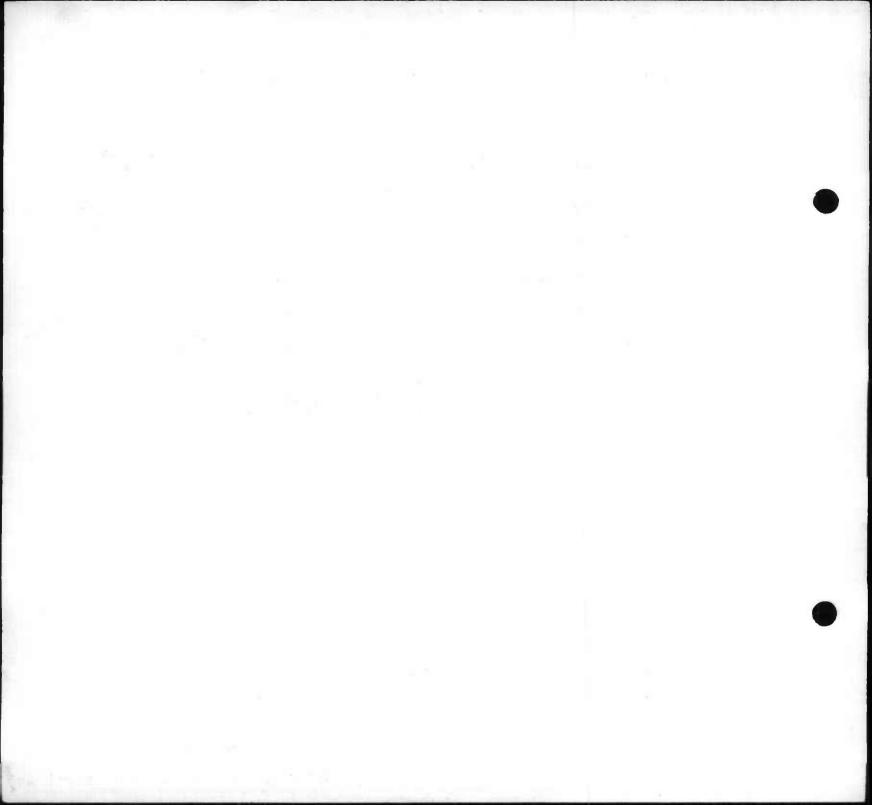
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

1	11.1155 00 100-10	BALTIMORE CITY	HEALTH DEPARTMENT		0.9
BIRT	10-150 69 7827.	CERTIFICA	TE OF DEATH	REG. NO	1021
1, N.	AME OF DECEASED	1 1 1 7		MOUR OF DEATH	-30
	WILLIAMS, I	TTIII	4. USUAL RESIDENCE Offere d	oceased lived II into	itution: residence before odmission)
3. P		CED DEAD	A. STATE B. COUNTY	accessed in the in the state of	17702
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION  TITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)	ON, GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	ROLTON HILL NO	1R5ING	BALTIMO	RE	YES NO
10	1400 JOHN ST.	HOME	E. STREET AND NUMBER	manN	COURT
5. S		NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
	7 /V WIDOWED D	DIVORCED [	12/05/80	88	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BL during most of working life, even if retired) HOUSEWIFE	USINESS OR INDUSTRY		VA	U S A
			ESSEX COUNTY	VA	USA
13.1	BOOKER SMITH	1	LUCINDA		
1s. V		6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	64 MR	JOHN ROB	INSON . SAME
	1B. 4 / 2 / 3 I	CAUSE OF DEATH		001111 1102	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ca did The	R	- helia
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	34,00	///6/67
	hearl failure, asthenio, etc. It means the disease, injury or camplication which caused death.)				
	ANTECEDENT CAUSES	(B) a	ittusleurs q	cooling	yeur
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	1	0 41	
	UNDERLYING CONDITION losi.	(c)	Whimmallulton	fee ous	an yeurs
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or No.)	OB. IF YES, WERE FI N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
O	21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct location)
CAL	OR CONTRIBUTING CAUSE OF home, etc.)	tarm, toctory, street, at	fice bldg., INJURY OCCUR?		
EDI	OF IN ILLRY	NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
S	(APPROX.) While Work	At Work		20.0	1 100
	22. I certify that (I) (this hospital) attended the	deceased from	7/24 19	69 10	8/3 1007
	that (I) (we) last sow the deceased alive on	8/3	/	in(my) (our) opini	ion death occurred on the dat
1 1	ond hour ond from the couses stoted obove. (I) ( 23A. SIGNATURE	We) (did) (did not) v	iew the body ofter deoth.	1	23B. DATE MONED .
	CIMA DA		nding Med. Sto	# [	8/3/12
	23C. PHYSICIAN'S	GEGREE Phys	Director Phy	/5. —	0/3/67
	ALIAN H. MACHT	My	2 E Real &	7 Parl	to My 21202
24A	BURIAL CREMATION, 24B. DATE 24C. NAM	TE OF CEMETERY OF CRE	MATORY 24D. LOC	ATION (City	, town, or county) (State)
	Alm 16-	ional Ceme	etry Ba	ltimore	Md
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
Ve	AUG 5 1303 1100-REV, 1/1/68	9 0 0	Adolphus?	Halstead	1206 W north
4.3	100-me +1 1/ 1/ 00				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

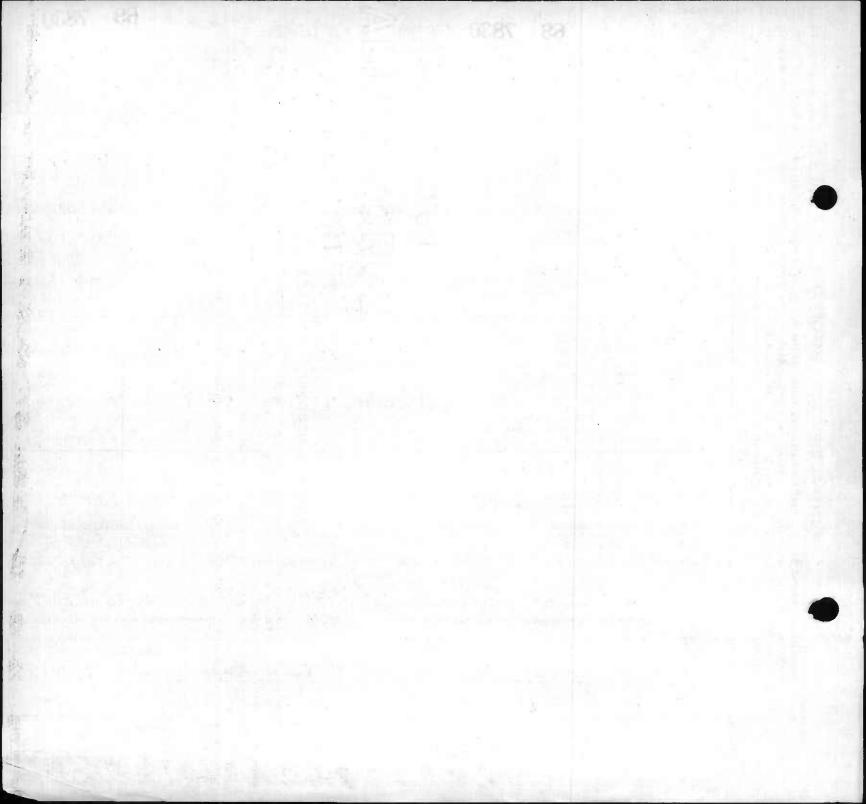
	D 000 00 00 -0	Y HEALTH DEPARTMENT		69 7828
	RTH NO. 69-1382700 TOZO CERTIFICA	ATE OF DEAT	П	7020
	ype or Print Port out Tollers BRANC	11 1- 1	TE AND HOUR OF DEATH	691 559 A.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. II ins	stitution: residence belare admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	18 10	E. STREET AND NUM	BER OKE	YES NO
	md ben Hosp.	25126	E. HOFFMA	NSt. 21213
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	Months Doys Hours Min.
10	A USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ne during mast of working life, even if retired)		or totalgii coomiyy	USA
13	FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	
	Robert Jalius BRANCH, Sh	CAPA!	N Rosella	Edwards
15 (Y	Was Deceased Ever in U. S. Armed Forces?  15,00 of unknown) (If yos, give war or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
		moto	her	SAME
	DISEASE OF CONDITION DIRECTLY	theken 1007	L. deprob sw	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA DUE TO, OR AS		20 - Alerson	*******
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	MON, AVE	60NGESTW	1
	ANTECEDENT CAUSES	71161		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	A CONSEQUENCE OF:	***************************************	
11,				
C F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
Ш.		In ar obout 21'C. WHERE C	OID (II In Baltimore	City, give exact lacation)
CAL	OR CONTRIBUTING CAUSE OF home, form, fociory, street, cetc.	HIER DIEGO INJUKT OCCI	O K?	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED		D INJURY OCCUR?	
1	(APPROX.) While At Work At Work			
	22. I certify that (I) (this hospital) attended the deceased from	. 0 / 0		ugust 3 1969
	that (1) (we) last saw the deceased alive on August 1			lan death occurred on the date
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) 23A. SIGNATURE	view the bady after de		238, DATE SIGNED
	Myoung Woon for M.D AM	anding Med.	Stoff Phys.	
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
24	A- BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	EMATORY  2	4D. LOCATION (City	(State)
	Burial 8/6/69 National Ceme		Baltimore	Md
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
	AUG 5 1969 Robert E Jale 200	7Adglphu	as Halstead	1206 W north Ave
VS	150-REV. 1/1/68			



	R-200	69 7	000	BALTIMORE CITY CERTIFICA			REG. NO.	69	7829
	NAME OF DECEASED			OERTH TOA	12 01 01				. 0,00
119	Type or Print)	SE, SR.	HADDY	NEAL		2. DATE AN	D HOUR OF DEATH		10 00 0
	3. PLACE IN BALTIMORE, MA	RYLAND, WHERE P	RONOUNCED		A. SIAIE	R. COUN	8-1-69 le deceosed lived. If i	nstilulion; resid	12:30 P M.  Jence before odmission)
- 11	NSTITUTION ADDRES	IN HOSPITAL OR	, NOITUTITZNI	GIVE STREET	C. CITY OR TOW		Baltimore	DE CITY LIMIT	5300
- 17	ST. AGNES H	OSPITAL			XXXXXX	Haleth		YES 🗍	Пои
- W	OWILKENS & C.	ATON AVE	•		E. STREET AND		io a pe		
<u> </u>	BALTIMORE M	21228			5534 C	XXII OCEU	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ille Ave	enue
6 II	SEX 6. RACE	7- MA	RRIED NE	VER MARRIED	LOATE OF BIRT		O ARE O		Yr. II Under 24 His.
	MALE WHIT	TAIDC	OWED X	DIVORCED		7-89	last birthday	Monins Do	ys nous Min.
	OA, USUAL OCCUPATION (Give one during most of working life, eve	kind of work 10B, KII	ND OF BUSIN	ESS OR INDUSTRY	1. BIRTHPLACE	State or love	gn country!	12. CITIZEN	OF WHAT COUNTRY?
	RETIRED	Contract of the contract of th	LTO. TI	RANGIT	BALTO	MD		1	• •
i os	3. FATHER'S NAME	DAI	_ 10 . 11		4. MOTHER'S A	ALDEN NAM	A.E.	U	8A
ars position is	AXXXXXXXXXXX J	ohn Albert	Reese		EMMA		nknown )		DECID
	5. Was Deceased Ever in U. S. (es,no or unknown) (If yes, give							A.F	DEC 'D
	(es, no or unknown) (If yes, give	wor or dotes of sea	1	CURITY NO.			Reese, Jr.		
	18.			-09-3733	ST. AG	NES R	ECORDS W	LKENS	& CATON AVE
5	1 d 1 5 - X	International Contraction		AUSE OF DEATH				A	PPROXIMATE INTERVAL
	DISEASE OR COND LEADING TO	DEATH			0	0 20	idaria		
	This does not meen the	made of dvina	0.0	(A) IMMEDIATE CAUS DUE TO, OR AS A	E Keno	OF.	cou-2005,		***************************************
3	heart failure, asthenia, etc. injury ar camplication whi	. Il means the dis ch caused death.)	sease,		nia,	or:			
E	ANTECEDENT			way	nca,			1	
	DISEASES OR CONDITIE		ivina	(B)	CONSEQUENCE	OF			***************************************
5	rise to the above co	use (A) slaling	the	502 10, OR AS A	CONSEGUENCE	OF			
	UNDERLYING CONDITION	N last.		(c)			***************************************		
	E OTHER SIGNIFICANT CONTRA								
	OTHER SIGNIFICANT CONDI	ATED TO THE TERM	ING INAL						
	DISEASE OR CONDITION GIVE	EN IN PART 1 (A).	FOR WHICH	OPFRATION	20A. AUTOPSY	Wes or No	208 IR Vee Week	EINDINGS CO.	NICIDION
		WAS PERFORMED			NO		208. IF YES, WERE IN CERTIFYING CA	USES OF DEA	TH?
5 6	21A. ACCIDENT WAS UND	ERLYING [	218. PLACE	OF INJURY (e.g., in	or obout 21 C. WH	ERE DID	(II In Boltimor	e City, give ex	oct location)
3    3	DEATH (notify medical exam	ined	home, farm,	foctory, street, office	e bidg, INJURY	OCCUR?			
	OR CONTRIBUTING CAU DEATH (notify medical exam) OF INJURY (APPROX1)	y) (Yeor) (Houd	21E INJUR	OCCURRED	21 F. HO	W DID INTO	IRY OCCUR?		
	OF INJURY (APPROX.)	-	While At	7 Not While		5.5 1136	ni Vilvai		
: 11			Work L						
	22. I certify that (1) (this				7-29			-1-	19 69
	that (1) (we) last saw the deceased alive an 8-1-69 19 and that in (1)(1) (our) opinion death accurred an the date								
	and have and from the ca	uses stated aba	ve.)(I) (We)	(did) (did not) vie	w the bady aft	er death.			
	23A. SIGNATURE	hams,	(	) ],			10	23B, DATE SI	GNED
	11 )	( )	M. D	DEGREE Phys.	ing Me	ctor F	Stoff Phys.	9-1-	69
• II	23C. PHYSICIAN'S NAME (Type)				D. ADDRESS			1 0	
24	A. SHAM	S. M. D.			ST. AC	INEC D	ECORDS W	LLVENC	C CATON AND
24			C. NAME of	CEMETERY of CREM		24D. LO		LKENS	
		4-1969	Loudon	Park Cemet	erv		timore, Mar		
25	A. DATE REC'D BY HEALTH C	EPT. 258 NA	ME OF REGIS	TRAR	25C. FUNERAL		cimore, nai	-	ADDRESS
			Ben M.D.				and /.107 t		
V	150-REV, 1/1/68				Inowa Tal	1. Hubb	ard, 4107 W	ilkens	Ave. ZIZZY

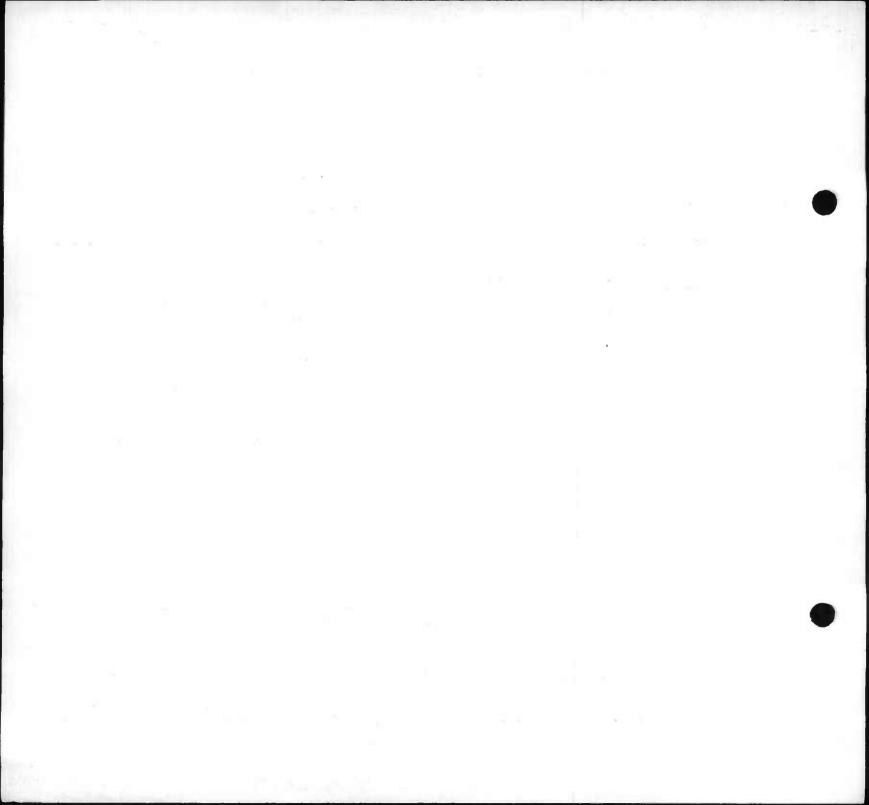
The state of the s 

1	BALTIMORE CITY	HEALTH DEPARTMENT 69 7830						
205	1811 NO. 69 7830 CERTIFICA	TE OF DEATH REG. NO.						
S + 5	NAME OF DECEASED  Spee or Print) GIUSEPPI COLONNA	JULY 31 1969 1:55 Am.						
4 p p	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE  8. COUNTY						
de de	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2610						
to to	NSTITUTION ADDRESS OF EDGATION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO   NO						
0 H G G	BACTIMORE CITY HOSP. 21224	E. STREET AND NUMBER						
D 7 0 0		217 5. CHINTON ST. 21224						
P P 5	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
as a s	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11117 18,1204 65						
	one during most of working life, even if retired)							
D =	REP STEEL WORKER	14. MOTHER'S MAIDEN NAME						
the the	VITE COLONNA	GIULETTA LISTORTI						
- P		17. INFORMANT ADDRESS						
ם בו	for so or unknown) (If was give wer as dates of comics)	MPC. Grus agai Calassa 2175. Clinton St						
-	NO - 213-07-9863	APPROXIMATE INTERVAL						
endc d or	DISEASE OR CONDITION DIRECTLY ACUTE	BETWEEN ONSET AND DEATH						
H to	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	MRS. GIUSEPPI Co Longa 2 175. Clinton St.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  SE MYOCARDIAL INFARCTION 4MS.						
a l	heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:						
3 5	ANTECEDENT CAUSES ARTER	PLASTIFRANC HEART NISEASO						
9 9	DISEASES OR CONDITIONS, if any, giving  (B) / 1	CLOSCLERONC HART DISEASE						
S I	rise to the obove cause (A) stating the UNDERLYING CONDITION lost, (C)	42.34						
ain	II							
E E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
e r	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED						
+	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
for	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Boltimore City, give exect location)						
pe g	DEATH Inotify medical examiner)							
0 0	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED  Finjury While At Not While	21F. HOW DID INJURY OCCUR?						
o i o	While At   Not While At Work							
obt	22. I certify that (1) (this hospital) attended the deceased from	11/1/2 196) to JULY 2 1969,						
h);	that (1) (we) last saw the deceased alive on JULY 21 1969 and that in (my) (ear) opinion death occurred on the date							
death) must b	and hour and from the couses stated above. (I) (We) (did) (did not) v							
BE	23A. SIGNATURE	23B. DATE SIGNED						
	( Atto MAD) Atto	nding Med. Staff 1 1 2 1 1010						
val	21C. PHYSICIAN'S	s. Director Phys. Phys. Sully 31, 1967.						
rior to proval	2(C.PHYSICIAN'S NAME   Type)	23D. ADDRESS						
approval	2 C. PHYSICIAN'S NAME I Type)  ROBERTO S. GARCIA M.D.  DEGREE  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CRE	231 NWOOD Rd. Baltemare Md 21207						
DAOJ dd D	2(C. PHYSICIAN'S NAME I Type)  ROBERTO S. GARCIA M.D.  DEGREE  4A. BURIAL CREMATION. REMOVAL (Specify)  ROBERTO S. GARCIA M.D.  DEGREE  24C. NAME of CEMETERY of CRE  ROBERTO S. GARCIA M.D.  DEGREE  4A. BURIAL CREMATION. REMOVAL (Specify)  ROBERTO S. GARCIA M.D.  DEGREE  Physician'S M.D.  DEGREE  Physici	231 NWOOD Rd. Baltemare Md 21207						
itten approval	2 C. PHYSICIAN'S NAME I Type)  ROBERTO S. GARCIA M.D.  DEGREE  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CRE	231 NWOOD Rd. Baltemare Md 21207						
deceased prior to	2(C.PHYSICIAN'S Physician's ROBERTO S. GARCIA M.D. DEGREE Physician's Ro	23D. ADDRESS  291 INWOOD Rd. Baltumore Md 21207  EMATORY  24D. LOCATION ICity, town, or county)  (Stote)						



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FUNERAL DIRECTOR: IMPORTANT	fract fract o pr gula
EC	xan xan x) A wh wh are
DIR	ical cal cian cian as in
AL	med burr burr hysi in w rem
NER	a nody he p
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	Man August A.
	Vs: (I)
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

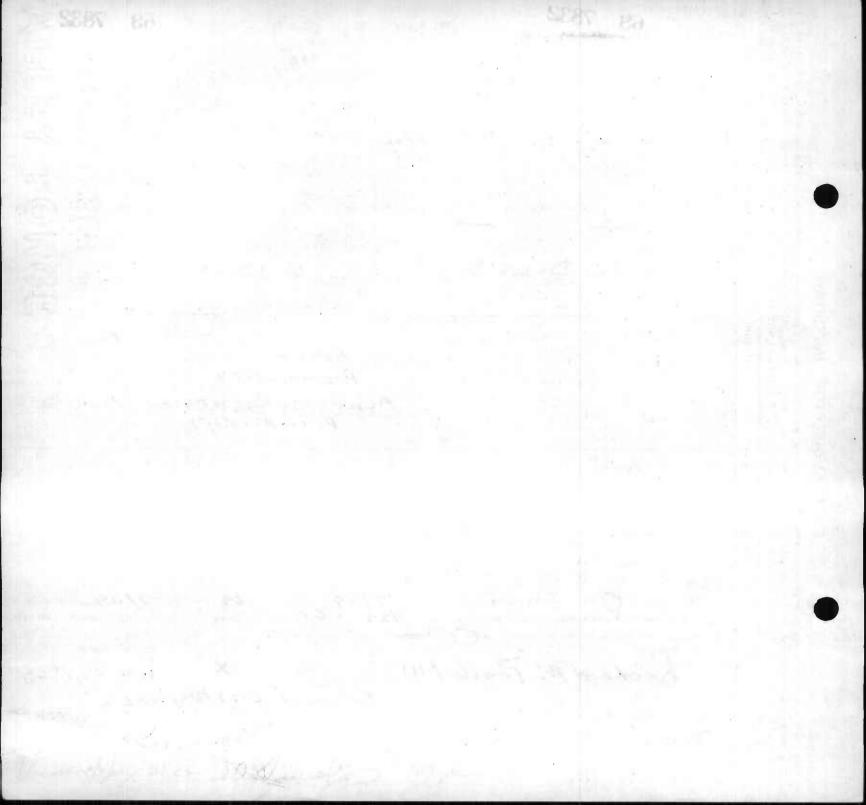
11 4-15	RTIFICATE OF DEATH REG. NO. 69 7831
1. NAME OF DECEASED (Type or Print) Flerschman. ANNA.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence below odmission)  A, STATE  B, COUNTY  M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET MARY and 2608  C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Baltimore YES NO
4940 Eastern Avenue	
5. SEX TIMOTO B. RACE TLAND 2722	WARRIED   8. DATE OF BIRTH   9. AGE (In years   II Under 1 Yr.   II Under 24 Hrs.
Female White WIDOWED Y DI	VORCED 7-21,-81, lost birthdoy) Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stoto or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Home.	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James ( ark	Mary
13. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURI	TY NO. 4940 Eastern Avenue
No - 220-48	Total 200001 and Louis of Harly Land Zizzig
	SE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Party and Party and the
	UE TO, OR AS A CONSEQUENCE OF:  LARGE SUBG. MASSES
ANTECEDENT CAUSES	Clarkyaning (chart sarily for
DISEASES OR CONDITIONS, it any, giving	UE TO, OR AS A CONSEQUENCE OF:
nise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)	meg attrained really
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT OF THE TERMINAL OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE TERMINAL OTHER SIGNIFICANT OTHE	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194 DATE OF OPERATION 198 CONDITION FOR WHICH OPER	TATION   20A-AUTOPSY? (Yes or No.)  20B, IF YES, WERE FINDINGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPER WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examine)	INJURY (e.g., in or obout 21C. WHERE DID ory, street, affice bidg., INJURY OCCUR? (If In Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OF	
(APPROX) Work	Not While At Work
22. I certify that (1) (this hospital) attended the decease	
The state of the s	8-11 19 69 and that in(my) (aur) apinian death occurred an the date
and have and from the causes stated above. (1) (We) (did)	
23A. SIGNATURE	Attending Med. Staff ST
23C/PHYSICIANS	Attending Med. Stoff Phys. 23D. ADDRESS
23C/PHYSICIAN'S (NAME (Type)	Baltimore City Hospitals 21224
Tudith A Wisneski M D.  24A. BURIAL CREMATION, 24B. DATE   124C. NAME of CEM	DEGREE 1910 Fastern Junio Baltimore and land IETERY of CREMATORY 1240, LOCATION (City, Town, or county) (Stole)
REMOVAL (Specily)	1/2 + B 1/1
25A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAL	2/// / / / / / / / / /
AUG 5 1969 Paley E. Halley M.D.	2000 10 m Zannino 263 S. Conkling
VS 150-REV. 1/1/68	



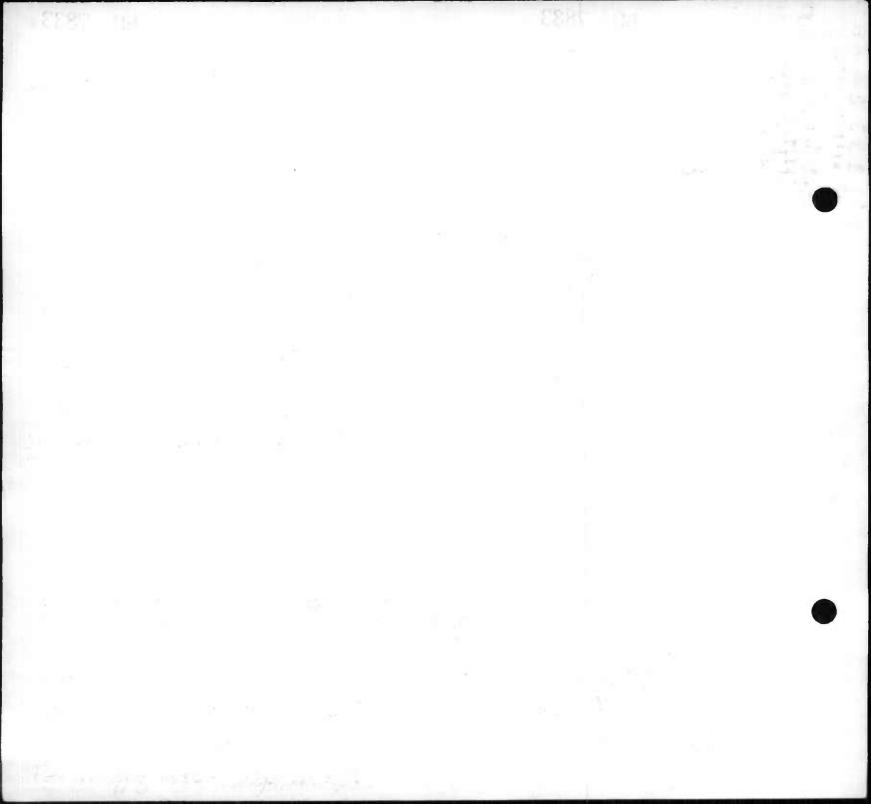
54-77-23

D. INSIDE CITY LIMITS? NO YES If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 34 2, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 21224 BCH: Records 4940 Eastern Ave. Balto.Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BIRTZ 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) .19. G.G. and that in(my) (our) apinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) he body D.O. eceased written shows: hAWN IPINIA Was 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. C. KUNERAL DIRECTOR VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



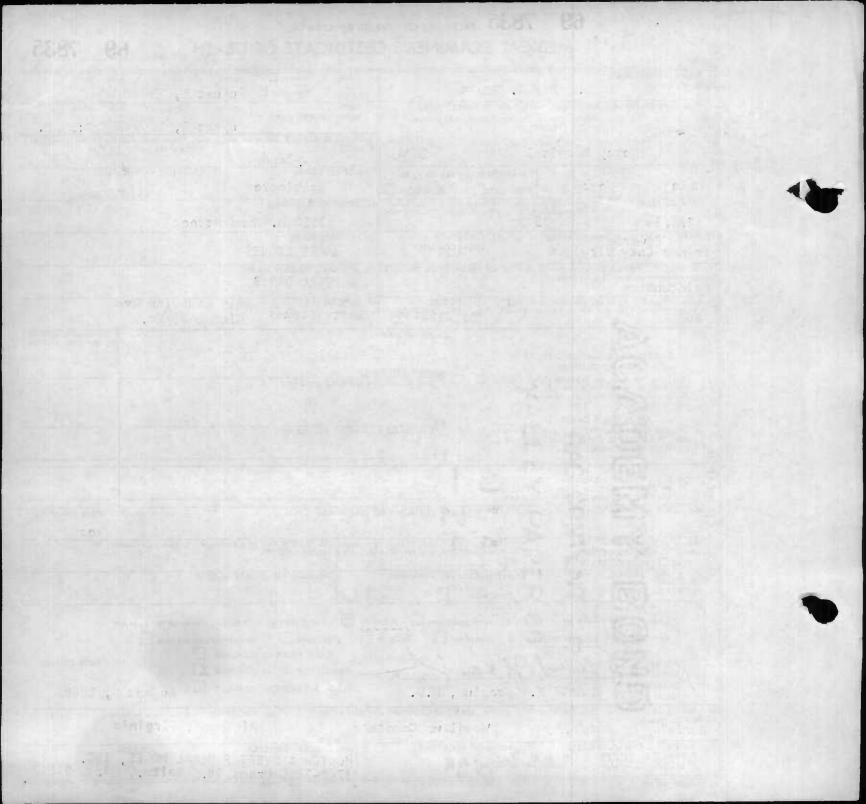
3201	69 7833 BALTIMORE CITY HEALTH DEPARTMENT 69	7833
Stode -	BIRTH NO.	
Suci	1. NAME OF DECEASED EDNA WITTIG	45.4
4. 000 m	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence B, COUNTY	before admission
To de co	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTIMORE CITY LIMITS?  C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Prior and an	THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER	NO []
occurrontriby ermine regula seedula is mad	FEMALE   WHITE   WIDOWED    DIVORCED    3-4-07   62	II Under 24 Hrs. Haus Min.
eothoo or con Indeterna s in re decers		WHAT COUNTRY?
if d rect (4) U wa the ispos	13. FATHER'S NAME  GEORGE, WITTIG  14. MOTHER'S MAIDEN NAME  LILLIE, GROVES	
ORTAN assistant if the di ny kind; ed death dance on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) No. 17. INFORMANT  ADDRI SECURITY NO. 18. Marie M. Berora - 2335 E. Jaye	the St.
IMPO or his as Also, if e of any nounced attenda med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE    A   DEPTHEEN   3	DAN S
DR: niner of ner. acture pron ular of	IThis does not mean the mode of dying, e.g., healt loiture, asthenia, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES	mnc
cal examial examial examis; (3) A frican who is in regions are e	DISEASES OR CONDITIONS, if any, giving rise to the obove couse IA) stating the UNDERLYING CONDITION last.  (B)  DUENO, OR AS A CONSEQUENCE OF COMMENT OF C	JGWIML
AL medicedicedice	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chied chied Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSI	
by the site of the	OR CONTRIBUTING CAUSE OF home, factory, street, office bldg., INJURY OCCUR?	acanan;
oved e hos recept nd (6)	OF INJURY (APPROX.)  While At   Not While   At Work	(0
of any of any of any of any be ob	22. I certify that (i) (this hospital) attended the deceased fram. 1969 to 2 that (l) (we) last saw the deceased alive an 1969 and that in (my) (our) apinion death accurately	rred on the date
must be a eleased to reident of hospital to death)	ond hour ond from the causes stated above (1) (We) (Ald) did nat) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys. Director Phys. 23B. DATE SIGNI	160
	PRESCE SSON BROKOWAY #1000 B	ALTO
This certificate the body was a shows: (1) An a was D.O.A. at deceased prior written approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ICITY, fown, or country BURIAL 8-6-69 OAK LAWN CAM. DALTO, MD	el (State)
This cer the bod shows: was D.C decease		ORESS LT



	A-35	52	69			ALTIMORE CITY I							
BIR	TH NC.		MED	ICAL	. EX	AMINER'S	CERTI	FICATE OF	DEAT	H REG. NO	69	7834	1_
(Тур	NAME OF DECEASED  ROOSEVELT ADAMS (Theodore)							Known 💢 Estimated 🗆	Month Augus	Day 1	969	Hour	м.
FUL	L NAME OF	(IF NO		L OR INS		, GIVE STREET	3. DATE	OUNCED DEAD	Month Augus	Day 3t 2, 1	Year 969	9:10 A	
	NOITUTITZAI		Home &		p <b>i</b> ta:	L (DOA	I A CTATE	RESIDENCE (When	e deceased liv				
6. 5	EX	7. RACE				NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE	CITY LIMITS?	00	
	ale	Neg	10.AGE (Ir last birthdo	WIDOV	# Unde	DIVORCED  1 Yr. If Under 24 Hr. Days   Hours   Mi	s. E. STREE	Baltimor	e		YES 🔀	NO 🗆	
11.1	BIRTHPLACE (S	State ar forei	64			ZEN OF		222 Silve	er Cour	t			
148	Souto	Car.	column distribution	IAR VINIT	1	AT COUNTRY?	10	amel 3	La a	lour	0		
dane	during mast of v	vorking life, ev	en Ifretired)					Police (	Im.	es.			
16. (Yes,	WAS DECEAS , na or unknown)	ED EVER IN	war or dates	FORCE!	) 17	SECURITY NO.	18. INFO	ORMANT	dans	,	ADDRESS	2	
	19. 4/10	24				CAUSE OF DI				1.	BET	APPROXIMATE INTE	
		E OR CONE	DITION DIRECT	CTLY				c cardiova:	scular	diseas	e		
	heart failure	, osthenio, etc	made of dy	disease,		DUE TO, O		EQUENCE OF:					
		NTECEDENT	CALLERS	ım.)									
	DISEASES O	OR CONDITI	ONS, IF ANY	GIVING		DUE TO, O	R AS A CON	SEQUENCE OF:					
NO.	UNDERLYIP	NG CONDIT	II			(c)							
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO TRELATED TO GIVEN IN PA	THE TERM	INAL	***************************************							
CERT	20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR WI	ICH OPERATION	WAS PERFO	RMED			21. AUTO	OPSY? (Yes ar	No)
	UNDERLYING		TRIB-		228. PLA home, la	CE OF INJURY(e., rm, loctory, street, of	i., in ar abou	22C. WHERE DID	(il In Boltimor	e City, give e	xact lacation)		
Σ	UTING CA 22D. TIME OF INJURY (APPROX.)		ATH. Doy) (Year	) (Hou	WHIL		OT WHILE (	22F. HOW DID IN	JURY OCCU	IR?			
	23.	(for sheet 1 h	eld on la		m. WOR		WORK .						
			taturol caus			dent Suic		ond that on the Homicide 🔲	Undetermin				
	ACTUAL SIGNATU	JRE	ny	11/	la	bl	D. AS	CHIEF MEDICAL E				DATE SIGNE	D
244	NAME (T	ype)		I. Ko		ım, M.D.		SOCIATE MEDICAL E		L Aug	ust 3,	1969	
REN	BURIAL CREA MOVAL (Special Dunce	fy)	48. DATE	-69	24C. N	name of CEMETER	or CREMA	set 240.	Bul	(City, tav	vn, ar county	(Stote)	e
25A	UG 5 1	ALCOHOL: In 1	Bert E.			REGISTRAR	250	FUNERAL DIRECTO	OR .	1000	ADDRESS	As 1	
VS I	51-REV, 1/1/68			1 9	0	9 0 3	7	The way	ull .	10101	ille.	may le	=

Harris Committee of Stories Burd tovota fill dia . C Brusan, Editor de la companya de la company

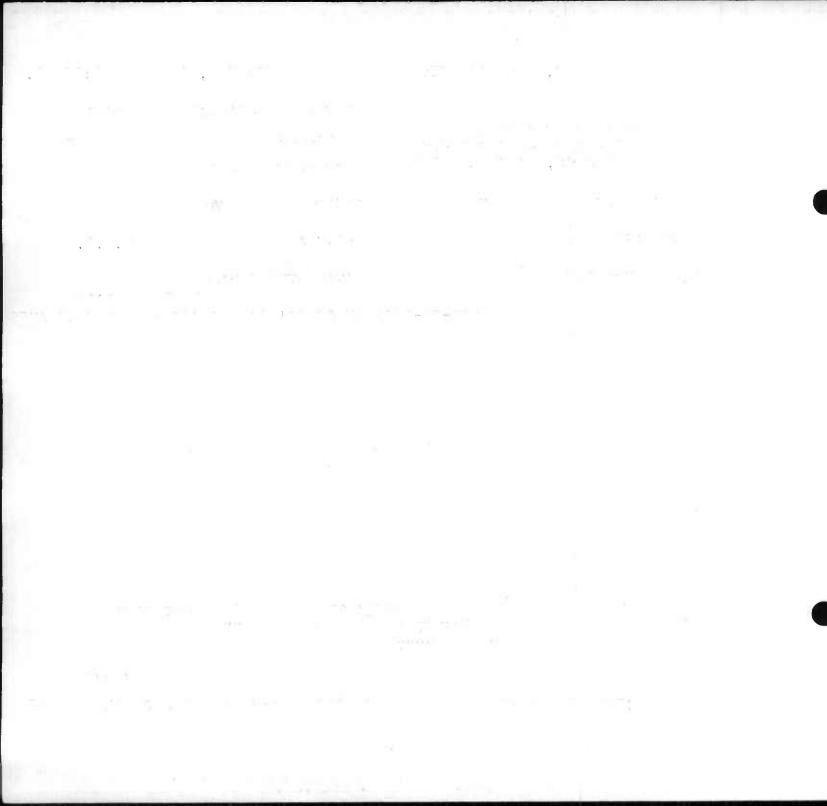
		AAED	MAI	EVALUEDIO A	CERTIFICATE O			00	12001	
BIRTH NO.		WED	PICAL	EXAMINER'S	CERTIFICATE O	F DEATI	REG. NO.	69	783	
I. NAME OF D	ECEASED				2. DATE Known K	Month	Doy	Year	Hour	
(Type ar Print)		JOSEPI	HB.	STOKES	OF DEATH Estimated					
				RONOUNCED DEAD	3. DATE	Manth	Day	Year	Hour	
FULL NAME OF	(IF NO	T IN HOSPITA	AL OR INS	TITUTION, GIVE STREET	PRONOUNCED DEAD	August	1, 196	9	1:50 P	
OR INSTITUTION					5. USUAL RESIDENCE (Whe	re deceased liv	ed. If institution:			
	Mercy	Hospita	al	(DOA)	Maryland		3. COUNTY		80	
6. SEX	7. RACE		8. MARE	RIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male	Neg:	ro	WIDOV	VED DIVORCED	Baltimor	e	YE	s 🗗	NO 🗆	
9. DATE OF BI		10. AGE (In		If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER					
2/8/3		3.			1010 N.	Bond Str	eet			
11. BIRTHPLACE			-	12. CITIZEN OF	13. FATHER'S NAME					
	nty Vir	_		WHAT COUNTRY?	JAMES STOK					
Mainten	working literev	e kind of work! en If retired) N	148. KIND	OF BUSINESS OR INDUSTR	PEARL DAVI					
16. WAS DECEA	SED EVERIN	U.S. ARMED	FORCES		18. INFORMANT	1614 La	keviewo	BRY55		
NO		or or dules (	a. service	229-32-3995	Betty Stokes	Richmo	ond, Va.			
19.4/	24 1	0	39	CAUSE OF DEA	TH				APPROXIMATE INTE	
DISE	SE OR COND	ITION DIREC	CTLY	Arterio	sclerotic Cardi	ovascula	r Disea	se	TWEEN ONSET AND	
	LEADING TO			(A)IMMEDIATE						
(This does	not meon the re, asthenia, etc.	made of dyl	ing, e.g., disease.	DUE TO, OR	AS A CONSEQUENCE OF:		**********			
Injury or o	omplication which	h caused dea	ith.)							
	ANTECEDENT	CAUSES		/0\						
DISEASE	OR CONDITION	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONSEQUENCE OF:					
UNDERLY	ING CONDITI	ON LAST.	ING INE	(c)						
OTHER SIG		II		(C/						
O TO THE D	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Acute Ethylism									
				FOR WHICH OPERATION WA	AS PERFORMED			21. AUT	OPSY? (Yes ar i	
- W	DALLA CALICA								Yes	
UNDERLYIN	228. PLACE OF INJURY (e.g., in ar obaul 22C, WHERE DID (II in Baltimare City, give exact location)									
≥ 22D. TIME OF INJURY	(Manth) (D	ay) (Year)	(Haur	22E.INJURY OCCURRED	22F. HOW DID II	NJURY OCCU	77			
(APPROX.)				m. WHILE AT NOT AT W	WHILE					
23.										
	rtify that I he		_	Inspection Aut	opsy X and that on	this basis, d	eath in my o	pinion		
rest	Ited from: No	turol cous	ses X	Accident Sylcid	e Homicide	Undetermine	ed manner			
ACTUA		/	101	1/1/	CHIEF MEDICAL	EXAMINER [			DATE CIOCH	
SIGNA		wal	M	Klund M.D.	ASSISTANT MEDICAL	EXAMINER X			DATE SIGNE	
EXAMI	K C	nald N	J. Ko	rnblum, M.D.	ASSOCIATE MEDICAL	EXAMINER [	] A.,	ct 2	1969	
24A. BURIAL CR	(14be)		10				Augu	SL 2,	1909	
REMOVAL (Spe	ify)	18. DATE		24C. NAME of CEMETERY		LOCATION Dichmon	(City, tawn,		(State)	
Burial	2	3/8/69		Woodlawn Ceme	tery	Kichmon	d, Virg	inia		
25A. DATE REC'	4000	7		AME OF REGISTRAR	25C. FUNERAL DIRECT	OR	DAL LAD	DRESS	INC	
AUGO	1969	Jib Could	4. Va	Ber M.D.	MORTON & DYI	TT FUNE	KAL HUM	E5, 1	INC.	



4-6	2069	7836	BALTIMORE CITY HE						
BIRTH NO.	M	EDICAL	EXAMINER'S C	CERTIFIC	ATE OF	DEATH	REG. NO.	69	7836
1. NAME OF DEC		OOD HARR	IS	2. DATE OF DEATH	Known 🛣	Month Augus	t 3, 19	69 Yeor	Hnur
4. PLACE IN BAL FULL NAME OF HAS PITAL OKINSTITUTION	(IF NOT IN HOS ADDRESS OR LO Provident	SPITAL OR INSTIT	UTION, GIVE STREET	A CTATE	DENCE (Where	deceased live	Doy t 3, 19 ed. If institution . COUNTY		3:15 A. selore odmission)
6. SEX	7. RACE		D NEVER MARRIED	C. CITY OR TO	ryland		D. INSIDE CI	TY LIMITS?	03
Male D. DATE OF BIRTH	losi biri		DIVORCED DIV	E. STREET AN	ltimore NUMBER 11 Riggs	Avenue		ES 🔀 I	NO 🗆
Richmo	Stole or foreign countre	ry) 12	CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME UI	nk.			
one during most of w	PATION (Give kind of working life, even if retired to the control of the control	Bar	ber Shop	In	dia Har			20000	
NO .	(if yes, give wor or do	oles of service)	17. SOCIAL SECURITY NO.		Hester	Harri			ggs Ave.
Injury or con  All DISEASES ( RISE TO THE UNDERLYIN	not mean the mode of a, asthenio, etc. It means mplication which coused NTECEDENT CAUSES OR CONDITIONS, IF, E ABOVE CAUSE (A) NG CONDITION LAS	s the disease, dideoth.)  SANY, GIVING STATING THE ST.	(B) DUE TO, OR A	S A CONSEQUE					
TO THE DEADISEASE OR	ATH BUT NOT RELATED R CONDITION GIVEN IN F OPERATION 208. (	N PART 1 (A).	DR WHICH OPERATION WA	S PERFORMED				21. AUTO	PSY? (Yes or No)
22A. EXTERI UNDERLYING UTING CA	NAL CAUSE WAS OOR CONTRIB-	22 ho	B. PLACE OF INJURY (e.g., me, farm, loctory, street, office	in or obout 22C. bldg., etc.) INJU	WHERE DID (I	l in Boltimore	City, give exa	ct location)	No
OF INJURY (APPROX.)	(Month) (Doy) (	Year) (Hour) m		WHILE	HOW DID INJ	URY OCCUR	?		
ACTUAL SIGNATU EXAMINI NAME (T	URE (JER'S Rona]	d N. Kor	Inspection K Aut Accident Suicid  M.D.  rnblum, M.D.  24C. NAME of CEMETERY	ASSISTA	EF MEDICAL EX	Indetermine CAMINER [ CAMINER [	Aug		DATE SIGNED  1969 (Stote)
REMOVAL (Specif	(Y)							.,	
Buria	BY HEALTH DEPT.	7-69	Murray Com		RERAL DIRECTO		d, Vi	rgini	a

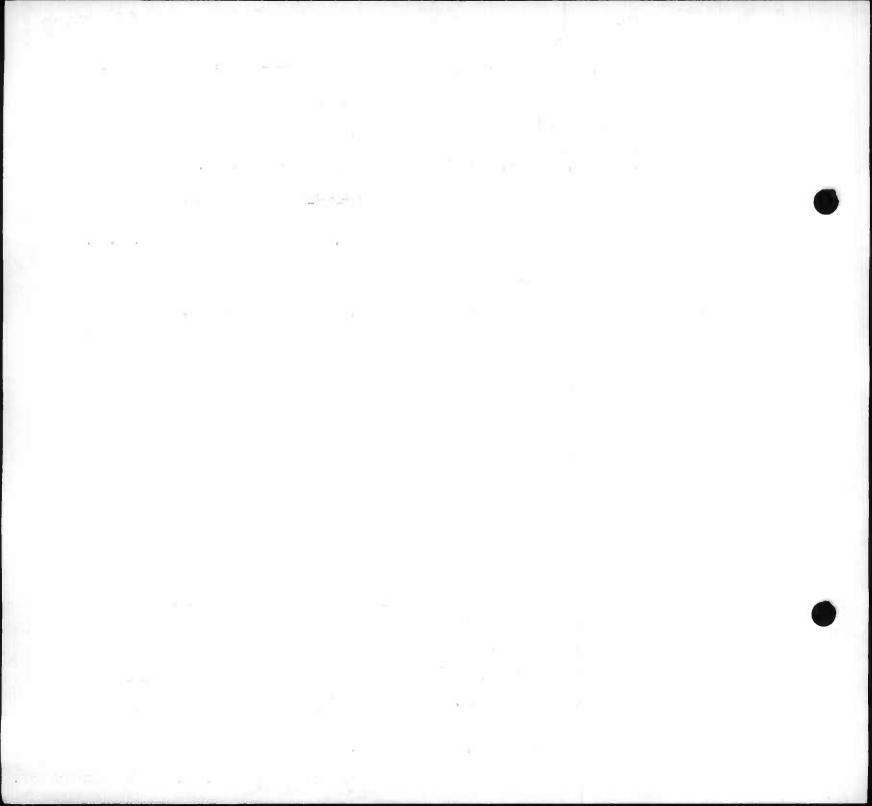
9/15/69 - Bon Secours Hospital - History Card for Linwood James Harris, date of birth: 6/15/1904.

В	//- JUU CO MOON	TE OF DEATH REG. NO. 69 7837							
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
1 2	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	AUGUST 2, 1969   4:30 A.M.							
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  ST AGNES HOSPITAL	A. STATE B. COUNTY  MARYLAND BALTIMORE C. 21228 5300  C. CITY OR TOWN  BALTIMORE  YES NO X							
	GATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229	E. STREET AND NUMBER  8 SHIPLEY AVENUE							
	FEMALE NEGRO WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years li Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.							
do	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY me during most of working life, even if refired) HOUSEWIFE	11. BIRTHPLACE (State or lareign country)  MARYLAND  U.S.A.							
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	WILLIAM TOLBERT	CHARLOTTE SQUIRREL							
15. (Ye	Wos Deceased Ever in U. S. Armad Forces?  es,no or unknown) (II yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT BALTO MD APPRES229							
	NO 217-01-700	The state of the s							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAU	SE CUPOTAC PTPPESE A CONSEQUENCE OF:							
	ANTECEDENT CAUSES	nd Cardiac arrhythmia							
		cholicatitis and pulmonary lalona.							
		The state of the s							
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
CERTIFICATI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CAL	OR CONTRIBUTING CAUSE OF home, factory, street, offi	or about 21 C. WHERE DID (If In Baltimare City, give exact location)							
MEDI	21D.TIME IManthi IDay) IYeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While Wark At Wark	21F. HOW DID INJURY OCCUR?							
	22. I certify that 🌣 (this hospital) attended the deceased fram	ILY 27 19 69 to AUGUST 2 19 69							
	that (4) (we) lost sow the deceased olive onAUGUST_2	19 69 and that InXn/y) (aur) opinion death accurred on the date							
	and hour and from the couses stated above. (() (We) (did) (4)4 (4)4() view the body after death.								
	23A. SIGNATURE  Biological Blood M.D. Ahen	23B, DATE SIGNED							
	Bizhan - Chrakiny M.D. DEGREE Phys. 23C. PHYSICIAN'S								
26	NAME (Type BIZHAN EBRAH MY MD	ST AGNES HOSPITAL CATON & WILKENS AVE							
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREATERN O								
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 5 1969 Robert C. Table M.D. C. M.D.	2sc. funeral director Monton & Dyett F. H. 1701 Laurens St							
VS	150-REV, 1/1/68								



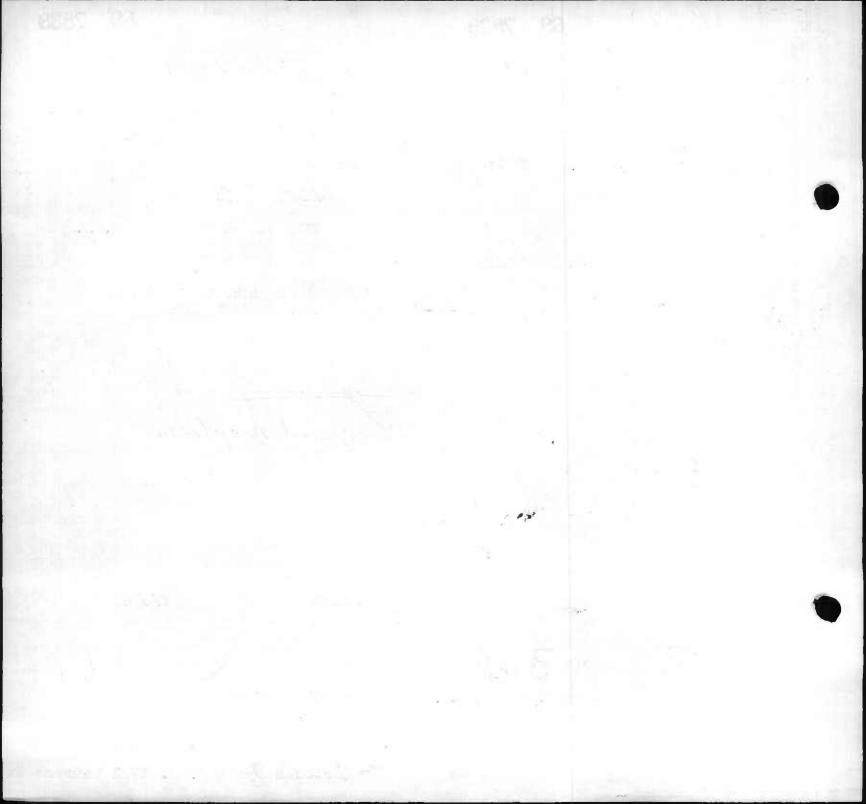
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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BI	7-6 RTH NO.	55 69	783		TY HEALTH DEPARTMENT	REG. NO	69	7838
117.	NAME OF DE	ceased raynham, Sall:	ie (Tra	ayham)		AND HOUR OF DEATH	Ā	
1		LTIMORE, MARYLAND, V			4. USUAL RESIDENCE (V	/here deceased lived. If i		AA
II H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland  C, CITY OR TOWN		16	07
	29	Provident H	~		Baltimore		SIDE CITY LIMITS?	NO 🗌
	9/	1514 Divisor Baltimore, M			e. STREET AND NUMBER			
11	sex omalo	6. RACE Negro	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
10/	A. USUAL OCC	UPATION (Give kind of work			RY 11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN C	F WHAT COUNTRY?
dol	Unemplo	working life, even if retired)			Va., Halif	ax	U.S.	
13.	FATHER'S NA		1		14. MOTHER'S MAIDEN N			
		Willie Bo	lts		Sadie Sco	tt		
15. (Ye	Wos Deceosed	Ever in U. 5. Armed For	cas?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
41	no			219-01-7259	Mr. Joseph Tr	aynham7Hus.	Same	
	18.	0.91		CAUSE OF DEA	ATH .			ROXIMATE INTERVAL EN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY		fulrion	ary Conge	Lin	4-11
	heori lailure,	not mean the mode of asthenia, etc. It means application which caused	the disease.	(A) IMMEDIATE C DUE TO, OR A	S A CONSEQUENCE OF:	0 8	- CAS /	
		ANTECEDENT CAUSES		(0)	iente myse	urdul dy	artim	18 hrs
	rise to th	OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving staling the	(C) DUE 10, OR 7	AS A CONSEQUENCE OF:	eart Dise	east	news
ATION	TO THE DEAT	11 FICANT CONDITIONS CO. TH BUT NOT RELATED TO TI ONDITION GIVEN IN PAR	HE TERMINAL	Anteri	colorotic Card	is Vascula	Dixine	years
CERTIFICATION	19A-DATE OF	OPERATION 198 CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	SIDERED 17
CAL	21A. ACCIDE OR CONTRIBL DEATH (notify	NT WAS UNDERLYING TING CAUSE OF medical examined	21 B. hom etc.J	e, torm, toctory, street,	in or obout 21C, WHERE DID affice bidg, INJURY OCCUR?	(f) In Bolilmor	re City, give exoci	locotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED  ILL Not Wink At Work		NJURY OCCUR?		
	22. I certify	that (1) (this haspital			3=3	19 69 8-5-	89	19
		last saw the decease		5-3-69	19ond	that In(my) (aur) apl	nion death acc	
	and have an	fram the causes stat	ed abave. (I	) (We) (did) (did not)	view the body after death	le		
	23A. SIGNATU	L. Rs	tella	JAD. AL	tending Med.	Stoff Phys.	23B DATE SIGN 8-4-69	NED
	23C. PHYSICIA NAME (T	ype) Estella		M.D.	23D. ADDRESS 1514 Pivison		0-1-03	
24/	BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY of C		LOCATION (Ci	ty, town, or count	ty) (Stote)
	Buria	al 8/7/	69 1	Mt. Auburn	Cem.	Baltimore,	Marylan	nd
254	AUG 5		E. Jabe		Moston & D	yett F. H.		aurens St
VS	150-REV. 1/1/	68				**		



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B



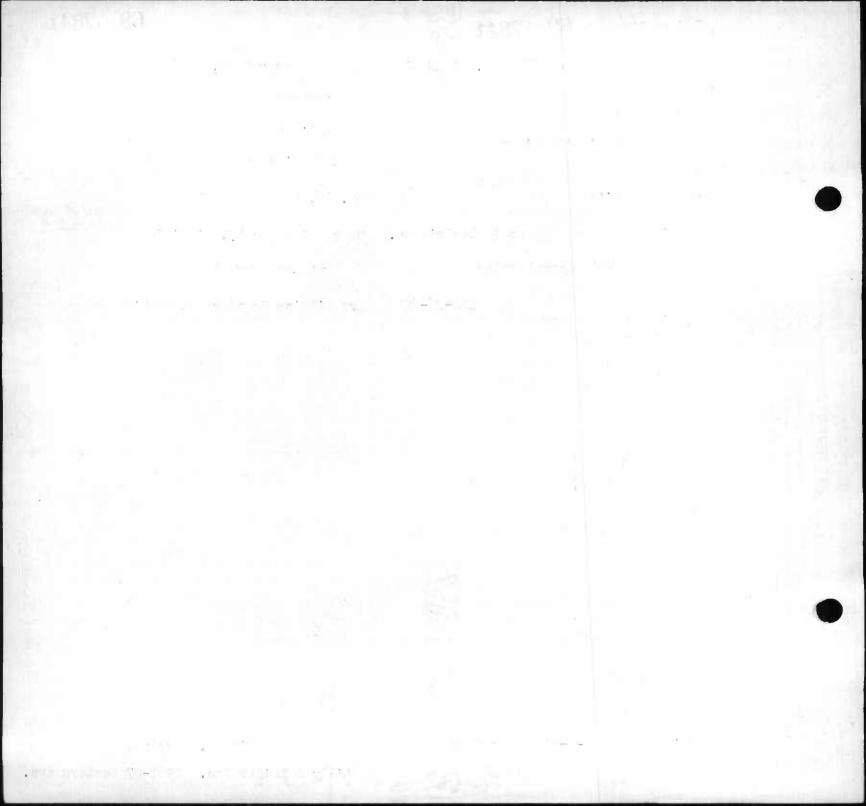
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T-600 CO BALTIMORE CITY HE	ALTH DEPARTMENT 69 7840
BIRTH NO. 69 7840 CERTIFICATE	OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
W1/500 1910	August3, 1969 750   P M
FUEL NAME OF HOSHIAL OF NAME OF STREET OF HOSHIAL OR NAME OF STREET OF	USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) STATE  B. COUNTY  H. Aryland  D. INSIDE CITY LIMITS?
miryland General Mospital	DA 14 I MO C YES NO NO
70	1721 HArlen Ave
Male Nearo WIDOWED DIVORCED	ATE OF BIRTH  9. AGE (In years lost birthday)  - 17 - 1919  9. AGE (In years Months Days Hours Min.
10A, USUAL OCCUPATION (Giverhind of work 108, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Disable	hester, South Carolina U.S.A
	MOTHER'S MAIDEN NAME
Henry tais	Francis Coldwell
15. Wos Deceased Ever in U. S. Armod Forcos? 16. SOCIAL 17. 1	Trancis Caldwell  NFORMANT ADDRESS
SECURITY NO.	I HALL LOSS IN A
18.7 CAUSE OF DEATH	co. Leola 11, ller 1/2/ Harlem HVG
	CAUPNEWTONIA BETWEEN ONSET AND DEATH
IThis does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,	NSEQUENCE OF:
injury or complication which coused death.)	UE MYELOMA
ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the UNDERLYING CONDITION lost.	NSEQUENCE OF:
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT OF THE TERMINAL OF	
	OA. AUTOPSY? (Yos or No) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, fortory, street, office beat line in the control of the control o	bout 21 G. WHERE DID (If In Boltimore City, give exact location)
21D-TIME (Month! (Doy) (Year) (Houd) 21E INJURY OCCURRED OF INJURY (APPROX.)  While At Not While	21F. HOW DID INJURY OCCUR?
22. I certify that (1) this hospital) attended the deceased fram	11/1 1969 10 8/3 1960
that (1) (we) lost saw the deceased alive an 3/3	19 6 9 and that In(my) (aur) plinlon death accurred on the date
and hour and from the couses stated above. (1) (We) (did (did not) view t	he bady ofter death.
23A. SIGNATURE	23 B. DATE SIGNED
Jams & Dun (DEGREE Phys.	☐ Med. ☐ Staff ☐ 8 3/6 G
23C. PHYSICIAN'S NAME (Type)	DDRESS
24A- BURIAL CREMATION, 248. DATE / 24C. NAME of CEMETERY OF CREMATI	200
REMOVAL (Specify)	ORY 24D. LOCATION (City, town, or county) (State)
DYRIAI 817/69 HIBUTUS //em. 25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  2:	PATE BAHIROIC, Ma
ALIG 5 1969 Rober & Faller 4.0. 0 0 0	TORTON'S SODGETT FIL 1701 LAURENS
VS 150-REV. 1/1/68	MANUAL TIME TO THE PROPERTY OF

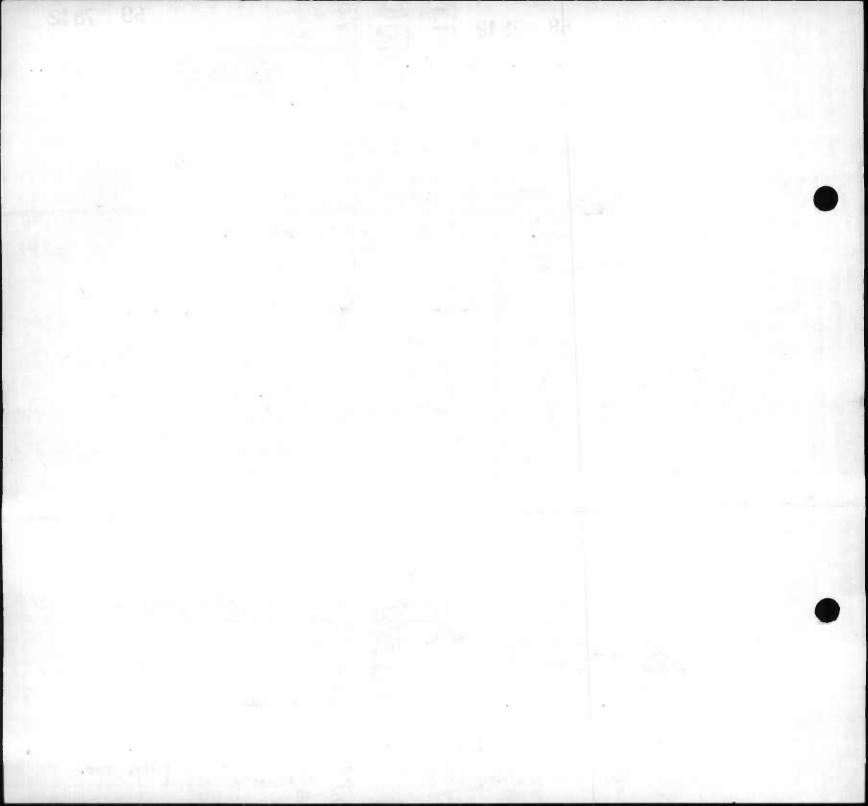
Letter from Maryland General Hospital 8-18-69 M.H.

issistant if death occurred in a hospital and	the direct or contributing cause of death	y kind; (4) Undetermined cause; (5) Deceased	death was in regular attendance on the	ance on the deceased prior to death. Such	final disposition is made.	B 1 C 3
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embatmed or final disposition is made.	2 2

4-1	21/ 00		BALTIMORE CITY	HEALTH DEPARTMENT		69	7011
BIRTH NO.	9 69	784	1 CERTIFICA	TE OF DEATH	REG. NO.	03	7041
1. NAME OF DE	ECEASED	LLIAM D			st 2, 1969		A
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: leside	nce before admission
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	Balto. Co.		5300
HOSPITAL OR	ADDRESS OR LOCA			c. CITY OR TOWN Baltimore	D. INS	DE CITY LIMITS	NO T
90	House in the	Pines		E. STREET AND NUMBER 2909 Hiss	Avenue		
S. SEX	6. RACE	7- MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 1	r. Il Under 24 His
Male	White	WIDOWED	DIVORCED [	Dec. 15, 1898	70		
	CUPATION (Give kind of world working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN	OF WHAT COUNTRY
Retir		Gas &	Electric Co.	Gloucester Co	unty. Virgin	ia	
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA			
	John Gary	Horsle	У	Emma Lee F	orrest		
5. Wos Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		AD	DRESS
res, no or unknov	whill yes, give wor or dote	es of service)	212-05-5215	Mrs Lillian H	orslev 290	9 Hiss	Avenue
18.1 / 2	2 2 1		CAUSE OF DEAT			·	PROXIMATE INTERVAL
1 July	Act of countries of					BETW	EEN ONSET AND DEAT
DISE	ASE OR CONDITION DE	KECILY		2 100 110 11 1	11 010401		IUD
(This does	not mean the mode of	dvina ea		SE CARCINOINA	Or 5/6M01	$\nu$	IYR
	e, osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:			
	jury or complication which coused death.)						
	ANTECEDENT CAUSES						
DISEASES	DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR A5 A CONSEQUENCE OF:						
rise lo	the obove couse (A)						
UNDERLYI	NG CONDITION lost.		(C)				
	II  NIFICANT CONDITIONS CO  ATH BUT NOT RELATED TO T			22			
A DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).					
ER O	WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
OR CONTRI	DENT WAS UNDERLYING DENTING DESCRIPTION OF CAUSE	21 B. hom etc.	ie, form, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	(tf in Boltimon	e City, give ex	oct location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
(APPROX.)		Whi	ile At Not While			1	
22 1	( al. na. /1) /alia la nanian			6/24	10/0	8/2	10 69
	fy that (I) (this hospito		0/12		19 6-7 to		19
that (I) (w	e) lost sow the deceose	ed olive on	011	19 (947 and th	hot in (my) (our) opi	nion deoth o	ccurred on the do
and hour a	and from the couses sto	ted obove. (I	) (We) (did) (did not) v	iew the body ofter deoth.			
23A. SIGNA	TURE					23 B. DATE SI	GNED
	KPRI.	201	ILD Atte	nding Med.	Staff Phys.		
23C. PHYSIC	IAN'S	7	DEGREE	23D. ADDRESS	1 11/3.		
NAME		TER		8100 lt	PRFCRD	RD	
4A. BURIAL CI		0	DEGREE			ly, town, or co	ounty) (Stote)
REMOVAL	(Specify)						
Burial	8-5-19		rkwood of registrar			yland	ADDRESS
IJA. DATE REC	D BY HEALTH DEPT.		REGISTRAR	25C. FUNERAL DIRECTO			ADDRESS ATTA
AUG	5 1969 Jabert	E. Jack	en 180	hind & ker	ler Inc. 19	01-07 E	astern Ave.
VS 150-REV. 1/	1/6B						



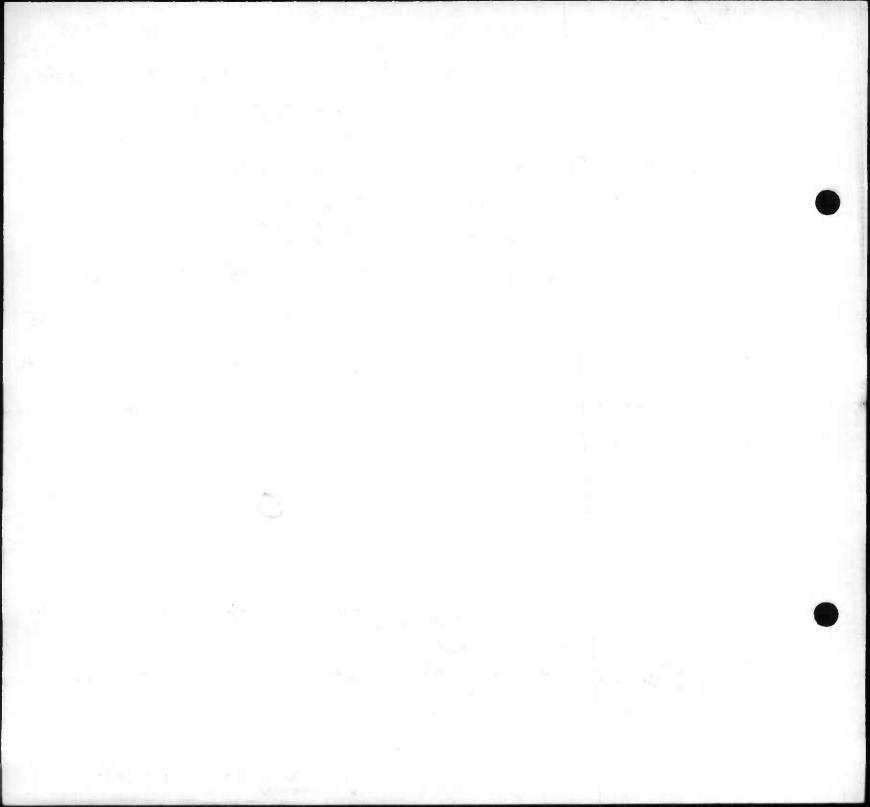
K-500 69 7842	CERTIFICAT	E OF DEATH	REG. NO.	03	7842
I NAME OF DECEASED Type of Print)  GEORGE W. KEEN	E, JR.	2. DATE A	y 31, 196	59   10	0:12 a м
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  Gould Nursing Home	N, GIVE STREET	Md. 21 C.CITY OR TOWN Baltimore E. STREET AND NUMBER 3317 Clift	213 p. 1	INSIDE CITY LIMITS YES	643
male white WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI	DIVORCED _	DATE OF BIRTH 5/28/1896	9. AGE (In years tost birthday)	If Under 1 Y Months Doy	fr. If Under 24 Hrs. S Hours Min. OF WHAT COUNTRY
Cashier Md. Race T:  3. FATHER'S NAME  George Keene		Baltimore, Mother's Maiden NA Moll		er	
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Marie Field	s Keene,	wife, al	DRESS
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury of complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	,	CONSEQUENCE OF:	reinen prost	<i>-----</i>	13en
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		**==*===*==			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  1994. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED		20 A. AUTOPSY? (Yes or b		ERE FINDINGS COI CAUSES OF DEA	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLAC Nome, for etc.)	CE OF INJURY (e.g., in foctory, street, office	or obout 21C. WHERE DID e bldg., INJURY OCCUR?	(If in Bolt	ERE FINDINGS COL CAUSES OF DEA	oct location)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLAC home, for otc.)  21A. ACCIDENT WAS UNDERLYING   21B. PLAC home, for otc.)  21A. ACCIDENT WAS UNDERLYING   21B. PLAC home, for otc.)  21A. ACCIDENT WAS UNDERLYING   21B. PLAC home, for otc.)  21A. ACCIDENT WAS UNDERLYING   21B. INJURY while At the property of the	CE OF INJURY (e.g., in term, foctory, street, office URY OCCURRED  Not White At Work  Eccessed from	21F. HOW DID IN  21F. G and to w the bady after death	(If in Bolt	imore City, give exc	ccurred on the day
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE Nome, for etc.)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE Nome, for etc.)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE Nome, for etc.)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE Nome, for etc.)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE Nome, for etc.)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE Nome, for etc.)	CE OF INJURY (e.g., in tem, foctory, street, office URY OCCURRED  Not White At Work eccased from degree Phys. [23]	21F. HOW DID IN  21F. HOW DID IN  19 G F and the bady after death  Ing Med. Director D. ADDRESS  4400 BOWle	(If in Bolt  JURY OCCUR?  19  ta hat in (my) (aur)  Staff Phys.	apinian death a	ccurred on the dat



## FUNERAL DIRECTOR: IMPORTANT

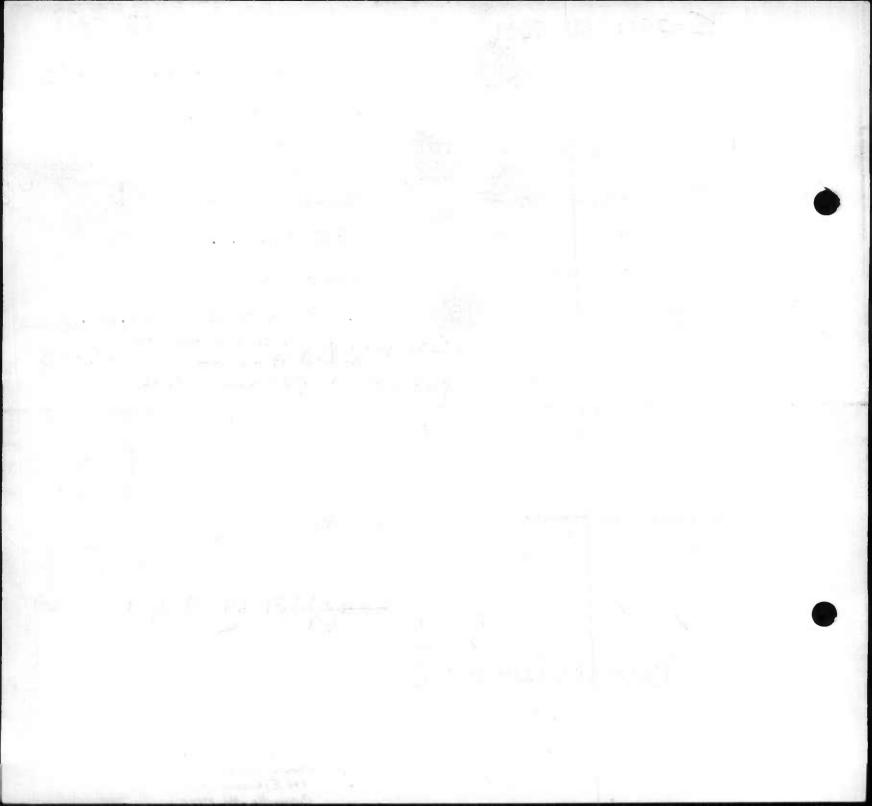
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RI	H-53	6 69	7843	BALTIMORE CITY CERTIFICA			REG. NO	69	7843
1.	NAME OF DECEA	SED L/E/F	1 1.				D HOUR OF DEATH		
		AORE MARYLAND, W	4	INERSON	4. USUAL RESID	P/U	8-1-6	7	IPM M.
FI	JLL NAME OF OSPITAL OR ISTITUTION	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  MARYLAND  BALT  C. CITY OR TOWN  D. INSIDE CITY (IMITS?							
	44				E. STREET AND	NI IM RED		YES 🖳	NO [
	UNIO	3210		HAM AU	E				
5.	SEX Z 6.	RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTI	90	ost birthdoy)	II Under Months	Doys Hours Min.
do:	A. USUAL OCCUPA	TION (Give kind of work king life, even il retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State of Green	in country)	12. CITIZ	EN OF WHAT COUNTRY?
	Housewi		at	home	PEN	U4.			
	PATE	ICK HAG	EAN	,	14. MOTHER'S N K4TH	FRI		Go	JIRF
15. (Yo	Was Deceased Eves, no or unknown) (If	er in U. S. Armed For yes, give wor or dole	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
-	lie .				DAJEH	TER	4/19	E2	4DDEN KE
	18. 1 9 9	OR CONDITION DIE	ECTI V	CAUSE OF DEATI	-	r		81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	IThis does not heart failure, ast	ADING TO DEATH meon the mode of henia, etc. Il means	dying, e.g.,	(A) IMMEDIATE CAU	SE COCC		ualosis		6 maily
	injury or compli	calion which caused TECEDENT CAUSES	deoth.)						
	DISEASES OR CONDITIONS, if any, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the	above cause (A) CONDITION last.	sloling the	(c)					
TION	ITO THE DEATH B	II NT CONDITIONS COI UT NOT RELATED TO TH	TE TERMINAL						
CERTIFICA	19A-DATE OF OF	PERATION GIVEN IN PARTIES CONTROL WAS PERF	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY	(Yes o No)	20B, IF YES, WERE FIN CERTIFYING CAU	INDINGS (	CONSIDERED EATH?
CAL	DEATH Inolity me	WAS UNDERLYING DIG CAUSE OF	21 B, hom ote.)	PLACE OF INJURY (e.g., ir e, farm, foctory, street, of	or obout 21 C. WH	ERE DID OCCUR?	(If In Boltimore	City, give	exect location)
MEDI	OF INJURY (APPROX.)	ionth) (Doy) (Year)	1	INJURY OCCURRED  le At  Not While k At Work		W DID INJU	RY OCCUR?		
		rt (I) (this hospital)		ne deceased from	7-29	19	65 to	7 -	19 69
		st saw the decease		1-31-6	7_19		in(my) (our) opin	lon death	occurred an the date
	23A. SIGNATURE	am the causes stat	ed obave. (I	) (We) (did) (did nat) vi	ew the bady aft	er death.		23B, DATE	SIGNED
	Attending Amed. Stoff 9-1-65								
	23C-PHYSICIAN'S NAME (Type)	KIS X	CARMO	of un	3D. ADDRESS			F	
24/	BURIAL CREMA REMOVAL (Spec	110N, 24B, DATE 11y) 8/21/69		ME of CEMETERY of CRE		24D. LO	CATION (City Maryland	, town, or	county) (State)
25/	A. DATE REC'D BY	HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL	DIRECTOR INEK F		me, I	ADDRESS n.C.
VS	150-REV. 1/1/68				300周	CT CUM	2 rane		



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A frac who p regula
dical estrus; (3)
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ital by e; (2) B rhere t rhere t No phy before
roved be nosp y naturated with the natural nat
be applied to the office of an arth; a arth; a st be of
release acciden a hosp r to de
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

ВІ	5-90 RTH NO. 1/0	0.69	784	4	BALTIMORE CITY CERTIFICA		H DEPARTMENT	REG. NO	69	7844
1.	NAME OF DECEA	/	RA S	HAW			2. DATE AT	ND HOUR OF DEATH	16/	a 1140
3.	PLACE IN BALTIA	MORE MARYLAND, W			D DEAD	4. USI	IAL RESIDENCE (Whe	re deceased lived, If i	nstitution:	esidence before admission
-II-H	JLL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR IN:	NOTTUTTE	, GIVE STREET	MÁ	PVI AND IRA		TTY	200
	ISTITUTION	1011110 1100			D. T.	11	LTIMORE	D. INS	YES T	IMITS?
,	35 THE	JOHNS HOP	K I N S	H05	PITAL		EET AND NUMBER	LAN CEDE	T	
5.	SEX 6.	RACE	7. MARRI	ED N	EVER MARRIEOX		13 CHRIST	9. AGE (In years	If Unde	21225
	FEMALE	WHITE	WIDOW	ED	DIVORCED	6-	20-68	lost birthdoy)	Months	Pays Hours Min.
do	ne auring most of Wot	ATION (Give kind of work king life, even if retired)			NESS OR INDUSTRY				12. CITI	ZEN OF WHAT COUNTR
13	no		n	lone			shington,		U,	SA
'"							THER'S MAIDEN NA			
15.		in Hyson er in U. S. Armed For	cas?	116.50	OCIAL		andra Rut	h Shaw		
(Ye	s, no or unknown) (If	yes, give war or dote	s of servic	e) S	ECURITY NO.					ADDRESS
$\parallel$	1B. 7 / /	0 1			CAUSE OF DEATH	Ma.	Children	r's Aid E	Balto	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIS	RECTLY		Conge	-		ert dis	200	BETWEEN ONSET AND DEAT
		ADING TO DEATH mean the mode of	Just III	4.5	(A) IMMEDIATE CAU	SE 10		DI		13 mo
	heart failure, ast	thenia, etc. It means calion which caused	the disea	se,	DUE TO, OR AS	CONSE	QUENCE OF:	n-Steno	70	
		TECEDENT CAUSES	Ged III.		/		`		- 1	
		CONDITIONS, if	any, givi	ng	(B)DUE TO, OR AS	A CONS	EQUENCE OF:			*******
	rise to the	above cause (Al	slaling l	lhe	(c)					
_		11			( 7/		*****************************			
OF NO	ITO THE DEATH B	NT CONDITIONS CON	IF TERMINA	G AL						
ICA	DISEASE OR CON	PERATION 198 CON	I (A).		OPERATION	120A.	AUTOPSY? (Yes or No	208, IF YES, WERE	FINIDINGS	CONCIDERED
CERTIFICATION	21	WAS PERF	ORMED				YES	IN CERTIFYING CA	USES OF E	DEATH?
11	OR CONTRIBUTION	WAS UNDERLYING	l h	nome, farm	E OF INJURY (e.g., in , foctory, street, off	or obou	21C. WHERE DID	(If In Boltimor	e City, give	e exoct locotion)
DICAL	DEATH (notify me	onth) (Day) (Year)		etc.)						
MEDI	OF INJURY	tour (buy) treum	1	While At [			21F. HOW DID INJ	URY OCCUR?		
		16 (A) - 1 - 1 - 1		Work L	At Work		1.1.21	96910 AU	-	1.0
	that (1) (we) las	it (1) (this hospital)	d alive a	the dec	eased from 13	19	1 ( 4			19
					(did) (did not) vi		hady after death	it in (mgg (dor) opti	nion deat	h occurred on the date
	and hour and fram the causes stated above. (1) (We) (did) (did net) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED									
	Davielle Line Attending Med. Staff Director Phys.									
	23C. PHYSICIAN'S NAME (Type)			A	2	3D. ADD				
244	D. BURIAL CREMA	ARRELL V.	LEWI		DEGREE				SPIT	
	Burial	ify)			CEMETERY OF CREA				y, town, or	,
25A	DATE REC'D BY	Aug 4,	1909 25B. NAMI	LOU!	don Park	Cem	etery   Ba	ltimore, M	aryl	
Δ	HG 5 196	0 0 0 0	Jaba				FUNERAL CDIRECTOR	tuneral Estate		ADDRESS
VS	150-REV. 1/1/68		9				120 Cds	nondson Ave.		



contributing

IMPORTANT

-	BALTIMORE CITY	HEALTH DEPARTMENT	69 7845
V	69 7845 CERTIFICA	TE OF DEATH X REG. NO.	०० १०४०
1	TAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Ту	pe or Print TACVSCA) SHARAK)	8/3/69 (1:	008M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED BEAD	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission)
	THE NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	CANTADA	11-50
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DESPITAL OR ADDRESS OR LOCATION) STITUTION	UNITALL	DE CITY LIMITS?
1	BALTIMORE CITY HOSPITALS		YES NO NO
	4940 EASTERN AVENUE	E. STREET AND NUMBER	
	BALTIMORE, MARYLAND 21224	EX 490 DRYDEN - CANA	
	6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min,
-	EMALE WHITE WIDOWED DIVORCED	10-31-39 29	
	NUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even it retired)		12. CITIZEN OF WHAT COUNTRY?
	Housewife	CANADA	Canada
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	GUY Patterson	JEAN Warne	-
15. (Ye	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No None	RECORDS-BCH-4940 EASTERN A	VENUE, BALTIMORE
	18. 6 40. O I CAUSE OF DEAT	H	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	romani Condia Arm	4
	(A)IMMEDIATE CAL	JSE A CONSEQUENCE OF:	71
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	2De emboliation	
	(B)	A CONSEQUENCE OF:	
	rise to the above cause (A) stating the	able Polinian Hayma	tour shows
	UNDERLYING CONDITION last. (C) 1.400	ova province	10-71-Ween
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6 B1 hi-1	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1112 (14/144) (07)	
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE F	FINDINGS CONSIDERED
CERTIFIC	2/	YES	w
11	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., lorm, foctory, street, o		e City, give exoct location)
CAL	DEATH (notify medical examiner) etc.)		
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY  While At Not While	21F. HOW DID INJURY OCCUR?	
<	(APPROX.) While At Not While At Work At Work		
	22. I certify that (1) (this hospital) attended the deceased from	7-29 19 69 to 8-	-3 19 69
	that (I) (we) lost sow the deceased alive on 8-3	19 69 ond that In(my) (our) opin	nion deoth occurred on the dote
	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter deoth.	1-1
	23A. SIGNATURE AAA		23B. DATE SIGNED
	Such Winch Cherret		8/5/69
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 4940 Pastern Avenue	Balto. Md. 71224
	BRUCE MI. Sucht Experience	Balt lily &	1000
24.	REMOVAL (Specify)	In Carrilla 11	ly, town, of county) (Stote)
	P. 1 8/7/1969 Woodlawn	eun:	, Ontario

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death FUNERAL DIRECTOR:

2SA. DATE REC'D VS 150-REV. 1/1/6B 1969

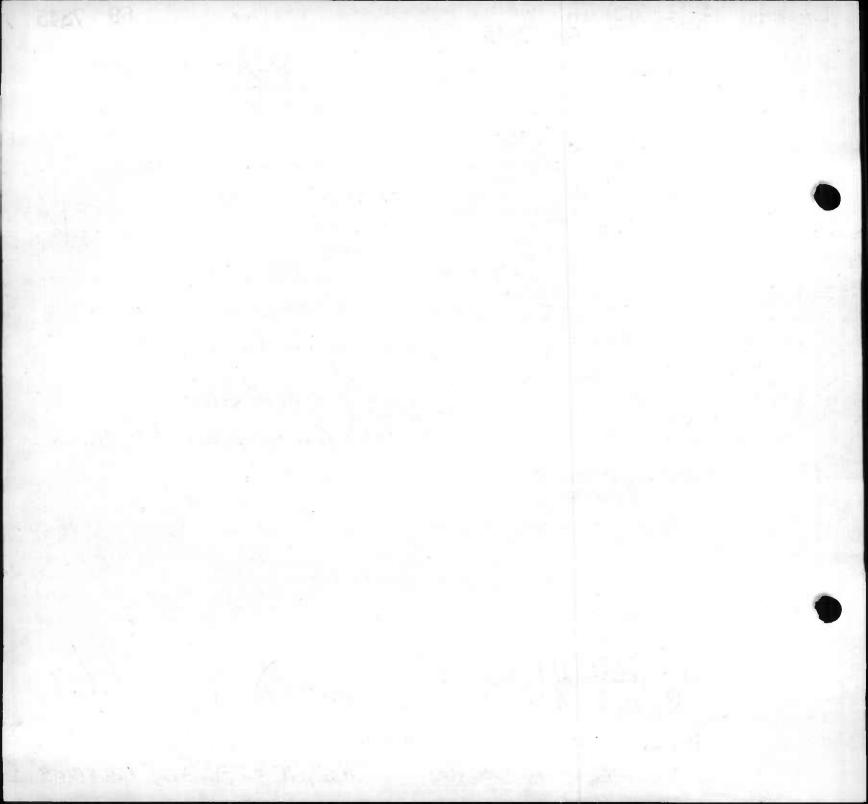
DIRECTOR

ADDRESS

25C FUNE 1050 FUNERAL DIRECT

STOWSON, Md

25B. NAME



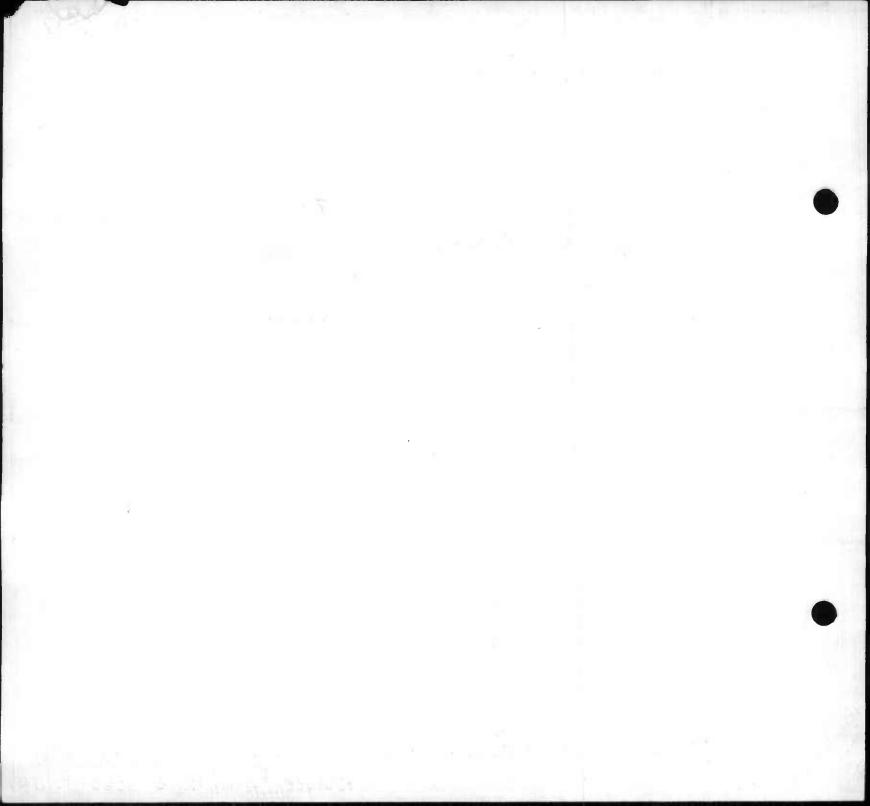
1	«	1 - 7 . 1 / 1	Y HEALTH DEPARTMENT 69 7846
5+0+4 5+0+4	11	TH NO. 69 7846 CERTIFICA	ATE OF DEATH REG. NO.
= 0 4 + 3		NAME OF DECEASED  Pe or Print) FLORENCE SMITH	2. DATE AND HOUR OF DEATH
pital of decan	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
M A			A. STATE B. COUNTY
上点へゅっ	HC	ILL NAME OF IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET OF STITUTION GIVE STREET OF STITUTION	C.CITY OR TOWN  D. INSIDE CITY LIMITS?
2000	11		COCKEYS VILLE YES NO 1
ting d cau d cau		UNION WEMBRIAL HOSPITAL	E. STREET AND NUMBER MARYLAN) MASONIC HOME, COCKEYS VILLE, Md.
- 3 0 0 D	5. \$	SEX 6. RACE 7. MARRIED NEVER MARRIED	
occurred ontributi ermined regular eased pr		WIDOWED DIVORCED	2-37-95 lost birthdoy) Months Doys Haurs Min.
	don	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d d		NONE.	VIRGINIA AMERICAN
if de (4) Un was the sposi	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	152	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Audora ada Blankberra
+0 -0 0	Ves	s, no or unknown) (If yes, give wer or dotes of service)  SECURITY NO.	
f f		18. CAUSE OF DEAT	CHART.
. S . O D E		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als e o nou me		LEADING TO DEATH  (This does not meen the made of dying, e.g.,  (A) IMMEDIATE CA!  DUE TO OR AS	
par or		heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
fra fra em		ANTECEDENT CAUSES	ute leukemia ?ivko
X D A S F E		DISEASES OR CONDITIONS, if any, giving iso to the above cause (A) stating the	S A CONSEQUENCE OF:
1 3 C		UNDERLYING CONDITION last, (C)	J. V. Milion
medical edical burns; hysicia n was	z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
chief  a m Body the p the p ysicio	TFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IVes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a metal by a metal by by a metal body but the physician fore the re-	CER	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Ind. OR CONTRIBUTING CAUSE OF home, forciory, shoot, o	
#= 0 a a a	¥	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.)	ffice bldg., INJURY OCCUR?
G = ₹ = 0	1 344 1	21D-TIME (Month) IDay) (Year) IHour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
> E V 71 A I		IAPPROX.) While At   Not While At   Work   At Work	
CE XXES		22. 1 certify that (1) (this hospital) attended the deceased from	august 2 1969 to august 3 1969
B 5 4 4 5 3		that (I) (we) lost sow the deceased alive on allfust 3	19.6 9ond that in(my) (our) opinion death occurred an the date
dent deat deat must		ond hour ond fram the causes stoted above. (i) (We) (did) (did nat) \23A. SIGNATURE	
SU DE		Androw Tolly Att	ending Med. Staff Staff 8/3/69
9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
y was r y was r (1) An a 3.A. at a d prior		C 4 · 18KMVO	UNION MEMORIAL HOSPITAL
	24A		EMATORY 24D. LOGATION (City, town, or county) (Slote)
the bod shows: was D.C decease	25.2	Jurial 8-7-69 Reltimore)	telenel Rallimore Ind.
This certif the body shows: (1) was D.O. deceased written a	Al	GATE RECO BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR
	VS	150-REV. 1/1/68	2020 Mar / owner 10 whom the

101 January Statistics are a minimum treorium. THE REPORT WAS A CONTROL OF THE PROPERTY OF TH 2-21-45 34 HE STAR MILAN STATE 2454 No. A. or and the Contract of 1 M 8 1/3 WITH PERSONAL TO PERSON

## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH of death Deceased te on the Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
4. STATE

B. COUNTY SH hospital a.M. death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION BALTIHORE HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 8 WNION MEMORIAL HOSPITAL BALTIMORE YES X NO 2 prior contributing E. STREET AND NUMBER CALVERT ST. BALTO. occurred 218-W. LOKKAINE 0 Undetermined ular mad 5. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED 9. AGE (In years If Under 1 Ye. If Under 24 Hrs. deceased lost birthdoy Months: Days regi 09-07-00 WIDOWED DIVORCED 68 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition dans during most of working life, even if retired) 2. 0 MARYLAND U \$ 4 13. FATHER'S NAME SD he 14. MOTHER'S MAIDEN NAME direct (4) 3 WILLIAM W. SHAMEC 8 STELLE SHIPLEY assistant 0 death v kind; 15. Was Deceased Ever in U. S. Armod Forces?
[Yes, no ar unknown! (If yos, give wor or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance VO 51-09-1099 any pronounced 18. CAUSE OF DEATH OF APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH his ca Also, DISEASE OR CONDITION DIRECTLY lung with recurrent 10 embalmed LEADING TO DEATH neant pleune (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: gular examiner hearl failure, asthenia, etc. il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES who (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: 0 are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> rise to the above cause (A) stating the 2 the physician UNDERLYING CONDITION last chief medical remains Was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the (2) Body 19A.DATE OF OPERATION 20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION 8 CERTIFI WAS PERFORMED before the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroot, office bidg., INJURY OCCUR? (II In Boltimore City, give exoct location) hospital ° MEDICAL DEATH (notify medical examined etc.) any nature; by obtained 21D. TIME (Month! (Doy) (Yeor) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) approved OF INJURY Not While While At (APPROX.) Work At Work to the 22. I certify that (i) (this hospital) attended the deceased from 07-25 08 that (1) (we) last saw the deceased alive on. 19 69 pe and that in (my) (aur) apinian death accurred on the date death) of hospital the body was released must and have and from the causes stated above. (1) (We) (did) (dld not) view the bady after death. accident 23A. SIGNATURE 238 DATE SIGNED Attending Med. prior to Staff P. navarro ND X 08- 3-69 Buelon approval Director 8 23 C. PHYSICIANS 23D. ADDRESS ā NAME (Type An EVELYN NAVARRO M. REGREE D.O.A. 24A. BURIAL CREMATION, 24B. DATE shows: (1) eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) written arrol .0 25A. DATE REC'D BY HEALTH DEPT. AME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS UG VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

	A-535  69 7848
2002	BIRTH NO. 69 7848 CERTIFICATE OF DEATH REG. NO. 03 7848
ased ased the Such	1. NAME OF DECEASED
- 73 0 C	ELIZABETH MARGARET ANTHONY AUGUST 2 1969   3:25PM M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where decoased lived. If institution: tesidence below admission)  14. USUAL RESIDENCE (Where decoased lived. If institution: tesidence below admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND COLVENSION OF ADDRESS OR LOCATION)
cause cause use; (5 endan to de	INSTITUTION ID INSIDE CITY HAITS?
	ST AGNES HOSPITAL  BALTIMORE  YES NO DE LE STREET AND NUMBER
3.E O B.E .	The state of the s
- 3 0 0	G day
a garan	MARKIED NEVER MARKIED OF STATE
	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State of foreign country)
in dec	done during most of working file, even it retired)
N U E = 1	HOUSEWIFE OWN HOME MARYLAND US A
direct 1; (4) th w on the dispo	
ind; (4) Uieath was e on the	ALBERT GOSNELL  ANNIE (DENLEY)  15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT.   ADDRESS
0 - 0 0 0	(1 yes, no or unknown) (If yes, give wor or dotos of service) SECURITY NO. STAGNES HOSPITAL
	No None 216 05 1973 WILKENS & CATON AVES BALTO MD 21229
any ced ndar	DISEASE OF CONDITION DISEASE O
Also, ire of an nounce attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Septic Shock I Lemosthyl. Thoms
A e o e E	
2 2 2 2 2	Injury or camplication which coused death.)
fra goul	ANTECEDENT CAUSES and Concer of fromsverse colon
PASES	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
S = :E &	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
cal ns; icia as ain	
medical / burns; physician mas	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)
E Z G G	
by a me 2) Body br re the ph physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  YES  19A. ACCIDENT WAS UNDERLYING TO 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING TO 19B. PLACE OF INJURY OF 19 OF OPERATION WAS PERFORMED.
tal by here t here t do phy before	
hospital by nature; (2) ept where d (6) No ph nined befor	OR CONTRIBUTING CAUSE OF home, (octory, street, diffice bidg., INJURY OCCUR?
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hospital lature; ( pt whe (6) No ined be	
the hosp ny natu except and (6)	
+ 50,00	
be to	that XIX(we) last saw the deceased alive on AUGUST 2 19 69 and that in (%) (aur) apinian death accurred an the date and haur and from the causes stated above. (X) (We) (did) (did x x x x view the bady after death.
released to accident of a a hospital ( r to death);	22A SIGNATURE
hoo d	The Shirten we percent Phys. Director Phys. Director AUGUST 2 1969
release accident a hospit r to dea	The Shiring Win DEGREE Phys. Director D
An a An a prior	1 ST AGNES HUSPITAL
	DR. TSE-SHIUNG WU MD  DEGREE WILKENS & CATON ARES BALTO MD 21229  24A. BURIAL CREMATION, 124B. DATE  124C. NAME AL CREMATORY, 124D. LOCATION (Stole)  (Stole)
he body hows: (1) ras D.O./ leceased	MEMOVAL (Seccify) 24D. LOCATION (City, town, or county) (Stote)
ne bod nows: as D.C ecease ritten	Dune Mill 6,110 at. Mulpher Church Copiler Jana Herror Co.
he how	ADDRESS 25C, FUNERAL DIRECTOR.

54-72-20

CERTIFICATE OF DEATH REG. NO. and of death cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE, AND HOUR OF DEATH (Type or Print) ПО 8 hospital 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance CGUSe 90 FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend 0 CITY OR TOWN prior BALTIMOR ( 4940 EASTERN AVE., BALTO., MD. regular Ö 6. RACE ma 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In deceased MALE WIDOWED DIVORCED disposition is IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY IT. BIRTHPLA Ξ done during most of working life, even if retired) Balto. Co. Schools 13. FATHER'S NAME MARYLAND Was the 14. MOTHER'S MAIDEN NAME John William Schools Annie M. Hill LO death 15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 7. INFORMANT or final SECURITY NO. attendance BCH RECORDS: No 03 8371 BALTIMORE. MARYLAND pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE tThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury or complication which coused death.) who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION lost MOS П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes or No) before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF of any nature; (2) where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? to the hospital MEDICAL DEATH (notify medical exemined obtained 21 D. TIME (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX) pup Work At Work 22. I certify that (1) (this hospital) attended the deceased from death); pe that (I) (we) last saw the deceased alive an 69 hospital shows: (1) An arriva ond haur and from the couses stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGN AT URE Attending 1 4 Stoff Phys. 0 Med. approval 9 Phys. Director 0 DEGREE 23C. PHYSICIAN'S NAME (Type) deceased prior 23D. ADDRESS ata R.G. HALLER, M.D. BCH: 4940 EASTERN AVENUE was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) DEGREE 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION written 8/7/69 Oak Lawn Cemetery 254 PATE REC'D AY HEALTH PERT 258 NAME OF REGISTRAR rozdzanski Tuheral VS 150-REV. 1/1/68

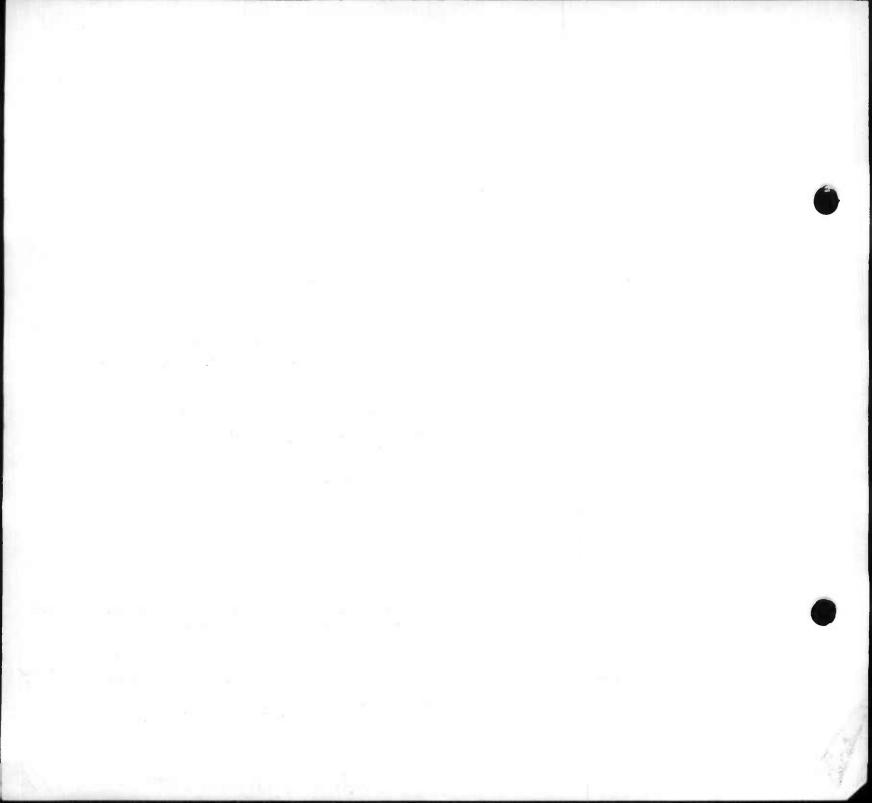
BALTIMORE CITY HEALTH DEPARTMENT

eceased lived. It institution: residence D. INSIDE CITY LIMITS? NO X If Under 1 Y& If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 4940 EASTERN AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? -(If In Baltimore City, give exect location) and that in (my) (our) apinion death accurred an the date 238 DATE SIGNED (City, town, or county) (Stote) 250 FUNERAL DIRECTOR Home 1407 Eastern Ave.

Area Toronto A State of the Control of the Contro

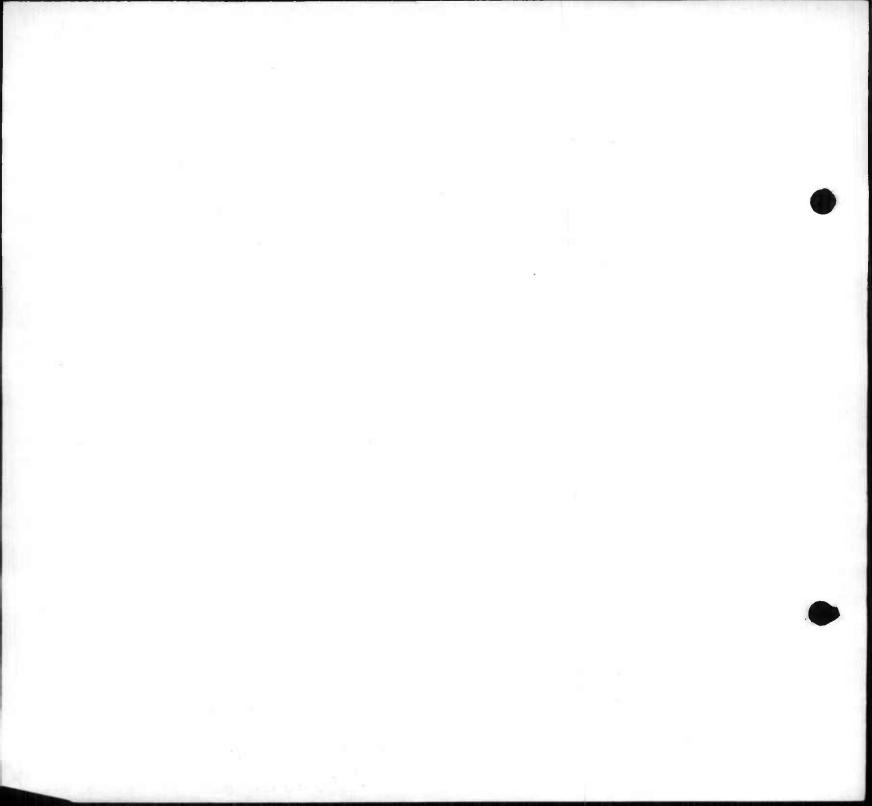
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was book at a nospital (except where the physician who pronounced again was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-620 69 7850		HEALTH DEPARTMENT TE OF DEATH	REG. NO	69 7850
1. NAME OF DECEASED			ND HOUR OF DEATH	
SOPHIA HARRIS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE			7-27-69	3.55 A M.
	ED DEAD	A. SYAYE B. COU	ere deceased lived. If ins NTY	stitution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREEY	MARYLAND C. CITY OR TOWN	BALTIMOR	
THE JOHNS HOPKINS HOS	SPITAL	BALTIMORE	D. INSIE	YES NO
33		E. STREET AND NUMBER	STREET	21202
5. SEX   6. RACE   7. MARRIED   1	NEVER MARRIED	8. DATE OF BIRTH	9. AOE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMALE NEGRO WIDOWED	DIVORCED	10-22-94	9. AOE (In years tost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRYHPLACE (Stale or for	eign country)	12. CITIZEN OF WHAY COUNTRY?
Annew Le		na.		
13. FAYHER'S NAME		14. MOYHER'S MAIDEN NA	ME	
Unknown		unh	creen	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		71. mocherre	10178	new St
18.	CAUSE OF DEATH	Acusa Days	O Film	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Russia 10	Enn	11 has
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	L 150LU	5 11 1113
injury or camplication which caused death.)  ANTECEDENT CAUSES		10000	F / 2	
DISEASES OR CONDITIONS, il any, giving	(B)	A CONSEQUENCE OF:	Tours	100000000 1000000 and the same the same of
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Dish	doe- WF	96	
II	(C)	unes   -1 /2		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Lau Don	7/ R.	1-1-	
	LOW MESS	use pyemory	haus	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B, PLA	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(It to Baltimare	City, give exoci location)
OR CONTRIBUTINO CAUSE OF home, for elc.)	erm, foctory, street, aff	ce bldg., INJURY OCCUR?	pr III bermiere	any give exact location;
	URY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX) While A	Nat While			
22. I certify that (I) (*his hespite*) attended the de	eceased from	44 26	19 65 to Fu	LU 27 1969
that (1) (we) last saw the deceased alive on	Juny 27			Ian deoth occurred on the dote
and hour and fram the causes stated above. (1) (We	e) (did) ( <del>did-net</del> ) vi			W
23A SIGNATURE	1			23 R PAYE SONED
23C.PHYSICIAN'S	DEGREE Phys.	Director L	Shaff Phys.	July 1, 1969
HAME (Type) DELICILLED	TAN	D. ADDRESS	N. 415 11.	00,
24A, BURIAL CREAMATION 248 DAVE 1240 MANAGE	of CEMEYERY OF CREA	MAYORY 124D. I	MC(U) Y-CC	SPITAL (Stote)
Busel Muss 69 MG	Julian	Cans, 7	Mostput	ma
25A, DATE REC'D BY HEALTH DEPT 25B, NAME OF RE	all	25C. FUNERAL DIRECTOR	o benjapis	ADDRESS
AUG 6 1969 Tober E. Jaker M.	9 0	miller & &	Lideson 115	29 M Cautini Sr



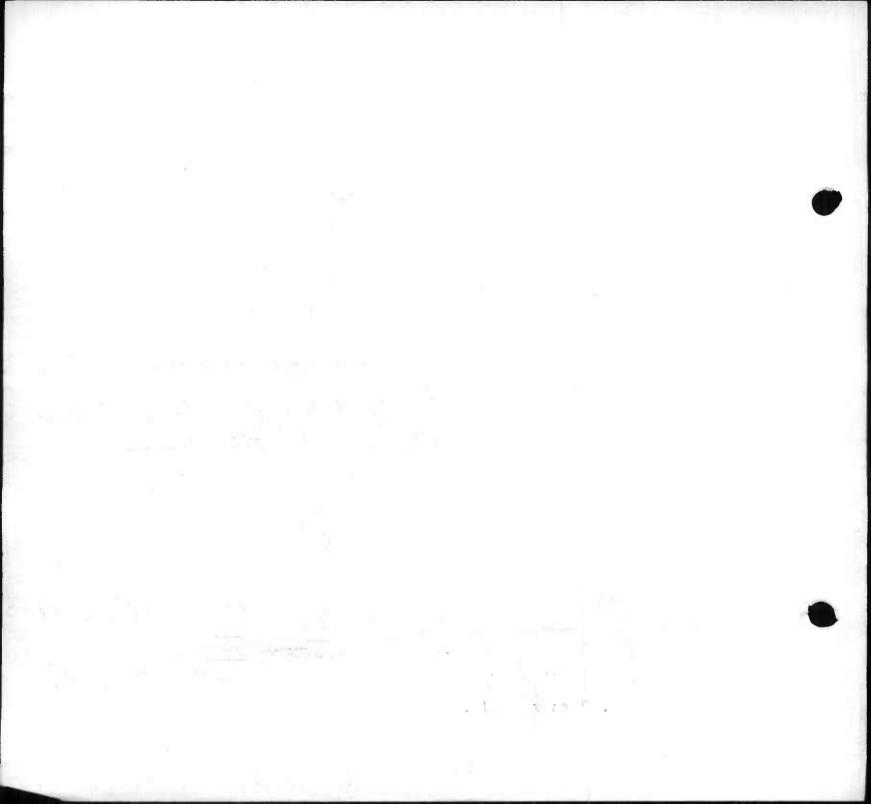
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to dearny, and (b) no physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
te must be approved by the chief medica	s released to the hospital by a medical n accident of any nature; (2) Body burns;	it a hospital (except where the physicia	or to actually and (b) no physician was oval must be obtained before the remain
This cortifica	the body we shows: (1) Ar	was D.O.A.	written appr

C-530 CO 7851 BALTIMORE CI	ITY HEALTH DEPARTMENT	- 45				
	CATE OF DEATH REG. NO. 69 785	1 4				
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
MICTIG CUM IBE 161	8/2/69 7 5 PM 1 71	CP M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whose deceosed lived. If institution: residence belo	ne admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE CITY /	001				
LINSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	001				
JOHNS HOPKINS BESPETAZ	BALTIMORE YES NO					
133	E. STREET AND NUMBER					
5. SEX 6. RACE 7. MARRIPO NEVER MARRIED	1225 VALLEY STREET 21202	11.				
MALE NEGRO WIDOWED DIVORCED	1 10-10-35   lost birthday   Months Doys Hour	Jnder 24 Hrs.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even it retired)	RY 11. BIRTHPLA CE (Stote or foreign country) 12. C(TIZEN OF WHA	T COUNTRY				
anemplayed	High Brint D. C.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WILLIE CONTEE, SR.	ANNIE BALTON					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
217-09-015	5 Manne William 1 12,257/2.	16 0				
18. CAUSE OF DEA	ALL ROALING	TE INTERVAL				
DISEASE OR CONDITION DIRECTLY		ET AND DEATH				
	AUSE CARDIDVASCULARE COLLAPSE & SHOCK 36 HT	nes				
heorf failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.)	S A CONSEQUENCE OF:					
ANTECEDENT CAUSES	, EMPYEMA, ANGUMONIA, ACIDOSIS THE DAM.	5				
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
inse (a the obove cause (A) stating the UNDERLYING CONDITION tast.	¿ MLO POLIZM 10 YEARS	5				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (A)						
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTERVIOR	20A-AUTOPSY? (Yes of No.) 20B. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	)				
	In or obout 21 C. WHERE DID (If In Boltimore City, give exect focolies					
▼ IDEATH (notify medical examined lets.)	office bidg, (NJURY OCCUR?) (If In Boltimore City, give exact focation	n)				
2 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	THE HOW PIR IN HER COLUMN					
While At   Not W	21F. HOW DID INJURY OCCUR?					
Work LJ At Wor	k LJ					
22. I certify that (Dathis hospital) attended the deceased fram	8/1 1969 to 8/2	1969				
	1969 and that in (my) (aur) apinian death accurred	an the date				
and haur and from the causes stated above. (1) (We) (did) (dld nat)						
Thinson MO A	Hending Med. Staff P 8(Z/69)					
DEGREE PHYSICIAN'S	Hending Med. Stoff Phys. B 8/2/69					
NAME (Type) Thomas ITILLI M.D.	JOHNS HOPKINS HOSPITAL					
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME OF CEMETERY OF C						
REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county)	(Stote)				
25A; DATE REC'D BY HEALTH DEPT 125B-NAME OF REGISTRAR	in Jack Juril Md,					
AUG 6 1969 Pales & Jailey The O	25C. FUNERAL DIRECTOR ADDRESS	0'0				
VS 150-REV. 1/1/68	1 TIMARIY TURKEN 11291) Can	line "				



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l and death eased n the Such	1,1	NAME OF DECEASED pe or Print)
of de Dece	3.	PLACE IN BALTIMORE, M
a hospital cause of d se; (5) Dece indance on to death.	FU HO IN	ILL NAME OF (IF NO SPITAL OR ADDR
a da	17	THE JOHNS
but hed lar d p	5.	SEX 6. RACE NE
ath occurrent contribution is minimized		LUSUAL OCCUPATION (Give during most of working life,
deatlet or vas in deatlet	134	FATHER'S NAME
= 04 > ± G		NATHAN
0 00 0	15. (Ye	Was Deceased Ever in U. s,no or unknown) (If yes, giv
W . O O E		18.3 03.9 DISEASE OR CON
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miner niner. fractu o pro gular emba		injury or complication w
exa exa 3) A wh wh are		DISEASES OR CONDI
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y the chief rail by a mag. (2) Body here the place the place before the place the plac		21A. ACCIDENT WAS UN OR CONTRIBUTING CA
hospital hospital nature; ( ept when I (6) No	MEDICAL	DEATH (notify medical exc 21D-TIME (Month) (
oved be hosp and compt will be not to mature compared to mature	W	OF INJURY (APPROX.)
any any (ex.		22. I certify that (1) (1) that (1) (ye) last saw t
st be a ased to dent of ospital death) must be		and hour and from the
eased eased ident hospit o deat must		23A. SIGNATURE
This certificate must be appired by was released to the shows: (1) An accident of any was D.O.A. at a hospital (exdecessed prior to death); and written approval must be ob-		23C. PHYSICIAN'S NAME Hypel
certificate mody was rest. (1) An acc D.O.A. at a ased prior t	24A	
This certif the body shows: (1) was D.O./ deceased		REMOVAL (Specify)
This cer the bod shows: was D.C decease	2S.A	ALICE 1969

	RTH NO.	69 78	352		HEALTH DEPARTMENT	REG. NO	69	7852
	NAME OF DECEASED ype or Print)	RICHA	RD ERV	IN		ND HOUR OF DEATH	1	
FU	OSPITAL OR ADDRES	IN HOSPITAL OF	INSTITUTIO		A. STATE BECOU	ere deceased lived, If in		807
	THE JOHNS H	OPKINS !	HOSPIT	AL	BALTIMORE  E. STREET AND NUMBER  1644 ELLSW	21213	YES (	NO [
	MALE 6. RACE NEG	RU I	ARRIED N	DIVORCED	8. DATE OF BIRTH 4-30-26	9. AGE (In years lost birthdoy)	If Under Months	1 Tr. II Under 24 Hrs. Doys Hours Min.
134	A. USUAL OCCUPATION (Give ne dyring most of working life, eve AFATHER'S NAME  NATHAN IE  Was Deceosed Ever in U. S. es, no or unknown) (Ilf yes, give	kind of work 108, 1 on if retired)	IND OF BUS	SOCIAL	14. MOTHER'S MAIDEN NA 17. INFORMANT	Me Country!		EN OF WHAT COUNTRY?
-	18.		25	1 42 7213	DAVID ER	VIN		SAME
	DISEASE OR COND LEADING TO (This does not mean the heart failure, asthenia, etc. injury ar camplication whi	DEATH made of dying	, e.g., isease,	(A)IMMEDIATE CAU	97	sepsi	<b>3</b>	12 L
	ANTECEDENT DISEASES OR CONDITION rise to the above country to the condition UNDERLYING CONDITION	ONS, if any, luse (A) stotic	giving ng the	(B) DUE TO, OR AF	A CONSEQUENCE OF	ettenolis		18hs
CATION		LATED TO THE TER	MINAL	P Newy	120A. AUTOPST? (Yes or N	muzit		
CERTIFIC	21A ACCIDENT WAS UND	WAS PERFORME	D		1/10	IN CERTIFYING CA		
CAL	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	home, for	TE OF INJURY (e.g., in m, foctory, street, alf	or obout 210 WHERE DID ice bidg., INSURY OCCUR?	(If In Boltimor	e City, give	exoct lecotton)
¥	21D-TIME (Month) (Do OF INJURY (APPROX.)		While At Work	At Work	21F. HOW DID IN	JURY OCCUR?		
22. I certify that (I) (this hospital) attended the deceased from 7 2 9 196 to 7 3 (that II) (ye) last saw the deceased alive an 7 3 and that In (my) (aur) apinian death accurre								3/ 1969 accurred on the date
	23A. SIGNATURE 23C. PHYSICIANS NAME TYPE	Rosof	M	DEGREE Phys.	ding Med. Director 3D. ADDRESS	Shoff Phys.	238. DATE	-31-69
	A. BURIAL CREMATION, 24B, REMOVAL (Specify)			DEGREE  OF CREE	THE JOHNS H	acles of	ly, lown, or	
	150-kg 1/1/68	Cobert di	March .	7 ()	Millen E.	Ellekson/	69 M	Caustin

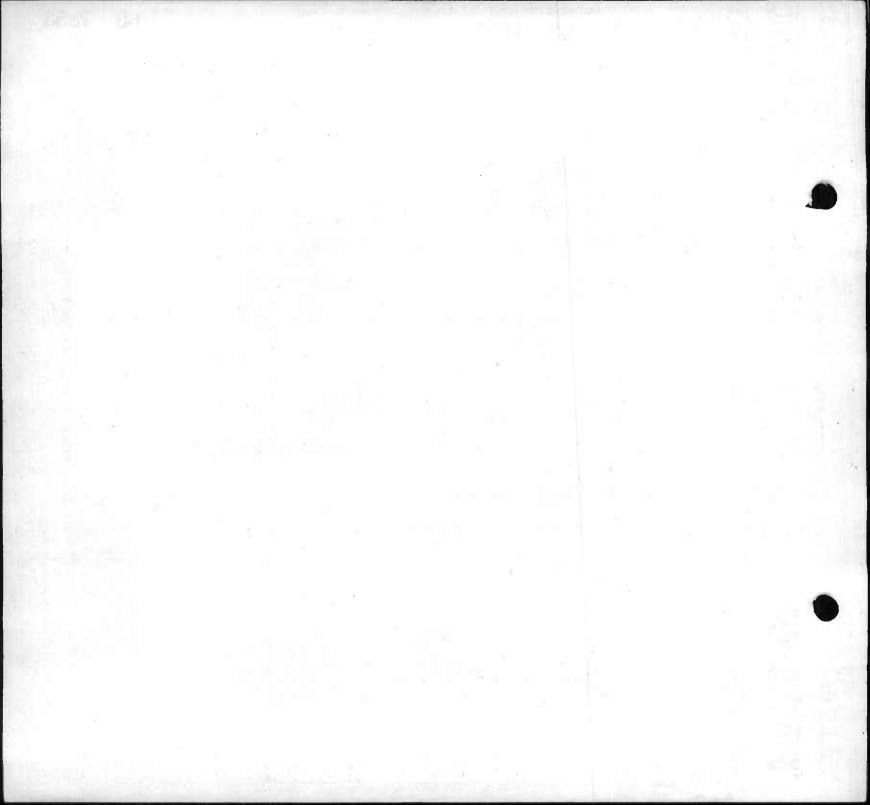


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BALTIMORE CITY HEALTH DEPARTMENT

G. NO	69	7853

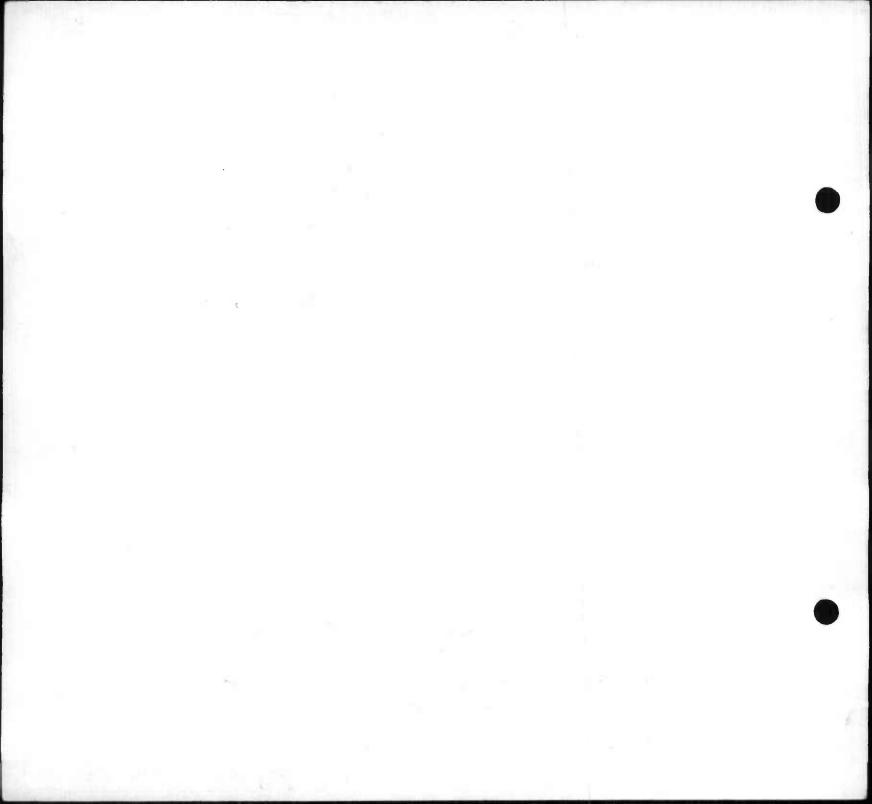
5-250 69 78	S53 CERTIFICA	TE OF DEATH	REG. NO	b <del>y</del> 7853
1. NAME OF DECEASED (Type or Print)	JACKSON	2. DATE AN	D HOUR OF DEATH	10/0 / 100
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	- 7.07	4. USUAL RESIDENCE I When	deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II		M.D.	fy	764
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Lutheran Hospital		E. STREET AND NUMBER	e	YES NO NO
Summer no sperior	Baltemore		Eager :	ST
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
V WIDO		6,24,16	53	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	03
2		7	VI.	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) IIf yes, give wor or dotes of serv	SECURITY NO.	Presiphenia.	Jackson	- A
18. / 2 / 1	CAUSE OF DEAT	H)	/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		B -	10 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		a Colo	ν l
(This does not meon the mode of dying, heart foilure, asthenia, etc. II means the dis		A CONSEQUENCE OF:		
injury or complication which coused death,)				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, g	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED			IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
O 21D. TIME   Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not While At Work	e C		
22. I certify that (I) (this hospital) attend		0 1 10	9to	8, 4, 1969,
that (I) (we) last sow the deceosed alive				
and haur and from the couses stated abo			o(), (oo., op	
23A. SIGNATURE	(1) (1) (1) (1) (1)	The The body differ deaths		23B. DATE SIGNED
	Dhu	ending Med. Director	Stoff Phys.	
23C. PHYSICIAN'S NAME IType)  AHSAN C. I	DEGREE	23D. ADDRESS	Hospita	l Balto 21216
7,10	DEGREE	FMATORY 24D. 10	OCATION (	City, town, or county), (Stote)
REMOVAL (Specify)	Bull 4-1	12	26	1016-200
25A DATE REC'D BY HEALTH PIETS LAKE TO	MO OF REGISTRAD	25C. FUNERAL DIRECTOR	OI Tredress	ADDRESS
AUG 6 1969 Jabert E. Ja	wer, Coly O	120 15 C	Piles NI	nan Pack sc
VS 150-REV. 1/1/6B		A State of the	reneon []	+111 Current of



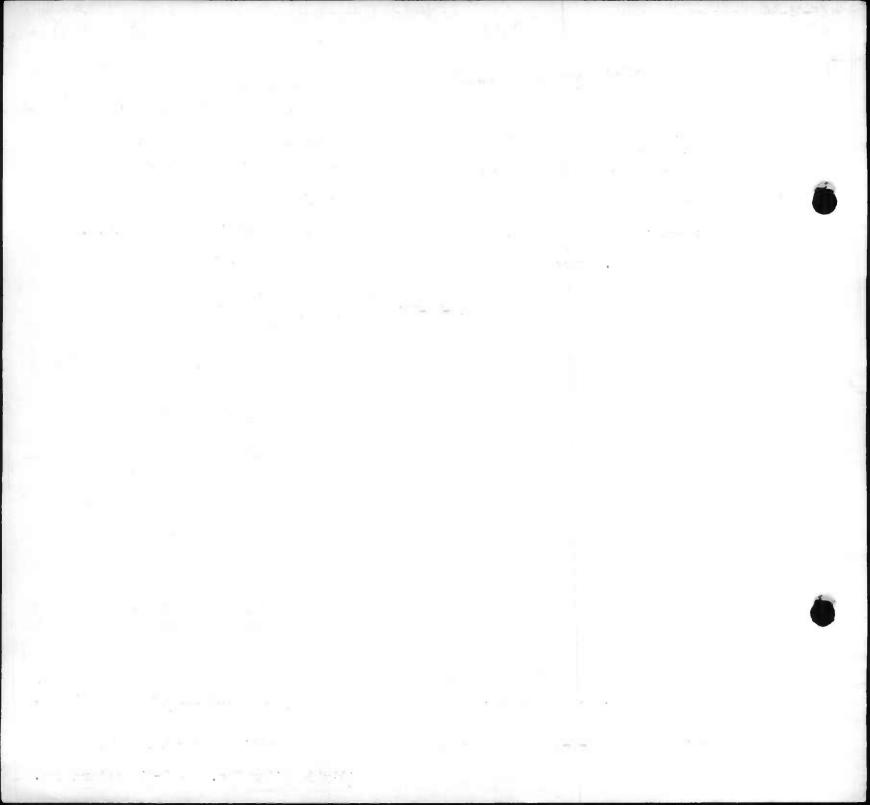
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B	(C) (D) (C) (C) (C)		HEALTH DEPARTME		No. 6	9	7854
17,	NAME OF DECEASED  ype or Print)  Mrs. Matter Bu	L	2, DA	ATE AND HOUR OF	DEATH O	10	:20 P N
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD	4. USUAL RESIDENC	E (Where deceased liv	red. If institutions	residenc	e before odmission)
11 6	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV ADDRESS OR LOCATION)	'E STREET	A. STATE &. MD		D. INSIDE CITY	17	01
11"		tospital	BALTI	MORE	YES	Limitar	по П
	7.0		e. STREET AND NUM	id Hill A	ve		Name of the last o
5,	F C WIDOWED DI	MARRIED	8. DATE OF BIRTH 4/5/ 26	9. AGE (In yes	ors If Une Month	der 1 Yr., Doys	If Under 24 Hrs. Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS ne during most of working life, even if refired) Unempleyed			or foreign country) Carolina	12. CI	TIZEN O	F WHAT COUNTRY
13	FATHER'S NAME OSCAT Clark		14. MOTHER'S MAIDE				
1.5 (Y	Was Deceased Ever In U. S. Armed Forces? es, no or unknown!   Ilf yes, give war at doles of service)   16. SOCIA! SECUR	ITY NO.	17. INFORMANT Buster	Byrd, s	ame	ADDI	RESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head failure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES						IOXIMATE INTERVAL
ACITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	T	bercolos	.)		у.	15 3
FRTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPE	RATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, IN CERTIFYE	WERE FINDING	DEATH	IDERED ?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY le.g., in lory, street, aff	or obout 21 C. WHERE I	DID (II in I	Boltimare City, gl	ve exoct	locotion)
MEDI	21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OF INJURY (APPROX.)	Not While		D INJURY OCCUR?			
	22. I certify that (1) (this hospital) attended the decease that (1) (we) last saw the deceased alive an		8/3	19 4 ta_	ur) apinion dec	15	19 6 9
	and haur and fram the causes stated abave. (1) (We) (did	)(dld not) vl			., ., .,	m dec	on the gon
	23A. SIGNATURE	Atter Phys.	ding Med.	Staff Phys.	23 8. DA	TE SIGN	3/69
	23C. PHYSICIAN'S NAME (Type) Louis E. Gren	CONTENT OF THE PERSON OF THE P	3D. ADDRESS		,	1 -	
24	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEN REMOVAL (Specify)  Burial 8/7/69  Nation	METERY OF CREA	metry 2	Baltimor	(City, town,	or count	y) (Stote)
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRA AUG 6 1969 Rober E. Jaber M.D.		25C. FUNERAL DIR				Ve
VS	150-REV. 1/1/68						



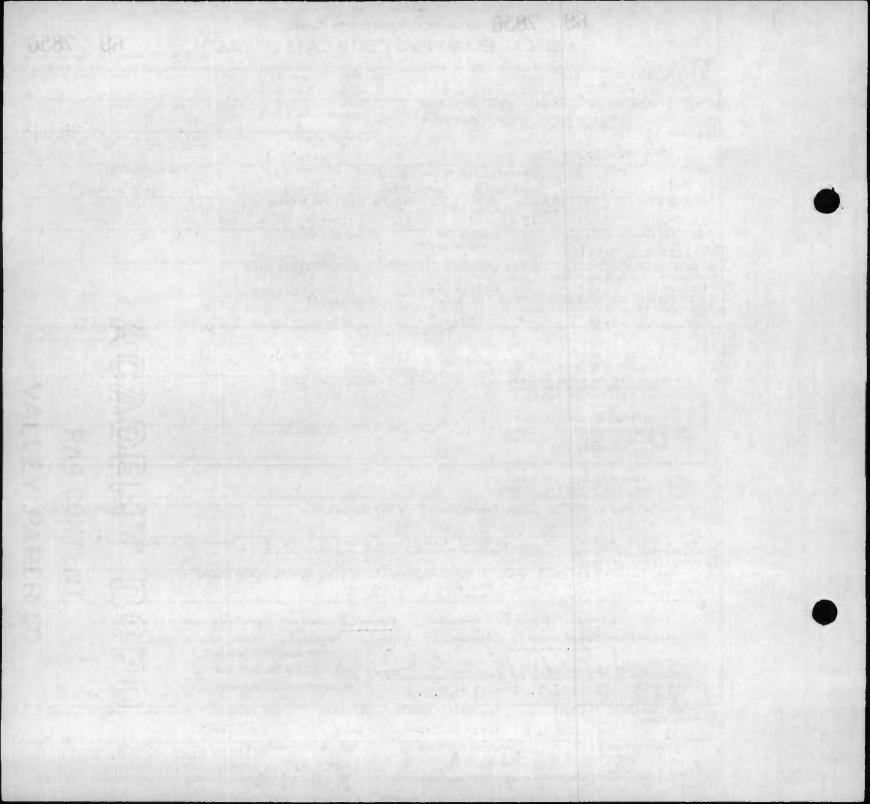
BIR	S-26	2 69	7855	BALTIMORE CIT	HEALTH DEPAI		REG. NO.	69	7855	
(Ту	NAME OF DEC pe or Print)	Mary	Elizak	seth Si	egrist	81	SILG	15	120 0 1	
FU	LL NAME OF DSPITAL OR STITUTION	TIMORE MARYLAND, WITH MOSPIT ADDRESS OR LOCATION HOSPITAL HOSE	AL OR INSTITUT		A. STATE  MARYLA  C. CITY OR TOW  BALTIN	AND	Y	DE CITY LIMITS	nce before admission)  / 2  NO	
3	1	EASTERN AVENU MORE, MARYLAN			E. STREET AND		AVENUE 21	224	110 🗀	
5. :	FEMALE	6. RACE WHITE		NEVER MARRIED DIVORCED	8. DATE OF BIRT 6/12/	lio lio	AGE (In yours	If Under 1 Y Months Doy	r. If Under 24 Hrs. Hours Min.	
don	. USUAL OCCU during most of v Housewi	JPATION (Give kind of work working lile, even if retired) 16	Own Ho		1		altimore		OF WHAT COUNTRY	
13.	FATHER'S NAA	OHN T. Tracy			14. MOTHER'S A	MARY AN	Johnson			
15. (Ye:	Wos Deceased s,no or unknownt	Ever in U. S. Armed For all yes, give wor or date	s of service)	security No. 220-48-5172	BALTIMORI		40 EASTERN AND 21224	AVENUE	DRESS	
	(This does not heart failure, injury or com  A  DISEASES Oriso to the	E OR CONDITION DIS LEADING TO DEATH of mean the mode of asthenia, etc. It means plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove couse (A)	dying, e.g., the disease, death.)	(B) (Ca	A CONSEQUENCE	reast.	bronchopre metacla		TEEN ONSET AND DEATH	
1	TO THE DEATH DISEASE OR CO	CANT CONDITIONS COL BUT NOT RELATED TO TO ENDITION GIVEN IN PAR	TETERMINAL		ateles t				30 41-	
RTIF	0	OPERATION 198. CON WAS PERF	ORMED		NO		208, IF YES, WERE IN CERTIFYING CAL	USES OF DEAT	IH?	
CAL	OR CONTRIBU	TWAS UNDERLYING TINO CAUSE OF medical examined	home, elc.)	ACE OF INJURY (e.g., if form, foctory, street, o	n or obout 21C. WH fice bldg., INJURY	OCCUR?	(If In Boltimore	e City, give exo	ct location)	
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Houst 21E IN While Work	At Work	• 🗖	W DID INJU	RY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased from 5/27 19/66 to 5/5 19/69 that (I) (we) last saw the deceased alive an 8/5 19/9 and that in (pr) (aur) opinion death accurred an the date and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.									
	23C. PHYSICIAI NAME (Ty	RE JR /	dele	OEGREE Phy	nding Me	d. Si	HOSPITALS	238. DATE SIG 8/ 4940 EAS	STERN AVE.	
B	Burial	AATION, 248 DATE 8-9-19	24C. NAM	DEGREE  of CEMETERY of CRI	BALTIMOR!	24D. LOC Balt	JAND 21224	y, lown, or cou	unty) (Stote)	
	AUG 6		Varber A		25C. FUNERAL	DIRECTOR Zeiler	Inc. 190		stern Ave.	



AUG 6

	11 22	69	7856	BALTIMORE CITY HE	ALTH DEPARTMENT				
BIR	7-~3C	MED	DICAL I	EXAMINER'S C	CERTIFICATE	OF DEATI	REG. NO.	69	7856
1.	NAME OF DECE		KETT		2. DATE Known [OF Estimoted		Day	Year	Hnur
4. 1	PLACE IN BALTIA	MORE, MARYLAND, I		NOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	PRONOUNCED DEA	July	30,1969		10:45 AM
0	1820	N. Spring S	treet		A. SIAIE Marylar		B. COUNTY	90	9
6. 5		RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	
	Male	Negro	WIDOWED	DIVORCED 🔀	Baltimore		YES	KX N	0
9. [	DATE OF BIRTH	IO. AGE (I	n yeon If	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMB	ER			er museum
1	11-9-26	Tost Billia	42		1820 N. Sp	oring Stre	et		
11.	BIRTHPLACE (Stot	e or fareign country)	f 2.	. CITIZEN OF	13. FATHER'S NAME				
		, Maryland		WHAT COUNTRY?	Enile Hack	cett			
144	USUAL OCCUPA	TION (Give kind of work	148 KIND Q	F BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME			
100.10	Laborer	king life, even il retired)	Dus L	Boy - White Coffee Pot	Agnes Cole				
14	WAS DECEASED	EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORMANT		ADD	RESS	
		yes, give wor or doles	of service)	SECURITY NO. 216-52-0942	Annan Call			. 01	010
1	19.	N • M • T T		CAUSE OF DEA	Agnes Cole	eman 1820	Spring S		OXIMATE INTERVAL
	4/00	41							N ONSET AND DEAT
		OR CONDITION DIRE	CTLY	Arterios	sclerotic Card	liovascula	r Disease	e	
		mean the mode of d	vina. e.a	(A)IMMEDIATE C	AS A CONSEQUENCE OF:				
	heart failure, as	thenia, etc. It means the	e diseose,	DUE 10, OK A	AS A CONSEQUENCE OF:				
	injury or compa	conon which cooled de	om.,					9 10	
		CEDENT CAUSES		(B)					
	DISEASES OR	CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:			911	
z	UNDERLYING	CONDITION LAST.		(c)					
<u> </u>		11		( )					·
12	OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTIN	G					
임	TO THE DEATH	BUT NOT RELATED TO		AL					
RTIFIC/	TO THE DEATH DISEASE OR CO	DUDITION GIVEN IN P	PART 1 (A).	OR WHICH OPERATION WA	AS PERFORMED		2	1. AUTOP	SY? (Yes or No)
CERTIFICATION	TO THE DEATH DISEASE OR CO	DUDITION GIVEN IN P	PART 1 (A).	******************	AS PERFORMED		2		
7	TO THE DEATH DISEASE OR CO	DUDITION GIVEN IN P	PART 1 (A). NOITION FO	DR WHICH OPERATION WA	In or about 22C, WHERE	DID (If in Boltimore		У	SY? ( <sup>Yes</sup> or No)
7	TO THE DEATH DISEASE OR CO	PERATION 208. CO	PART 1 (A). NOITION FO	******************	In or about 22C, WHERE	DID (If in Boltimore UR?		У	
EDICAL	TO THE DEATH DISEASE OR CO	PERATION 208. CO  L CAUSE WAS OR CONTRIB- E OF DEATH.	PART 1 (A).  NDITION FO	B. PLACE OF INJURY (e.g., me, form, loctory, street, office	In or about 22C. WHERE e bldg., etc.) INJURY OCC	UR?	City, give exact i	У	
MEDICAL	TO THE DEATH DISEASE OR CO  20A. DATE OF O  22A. EXTERNA UNDERLYING CAUS UTING CAUS OF INJURY	PERATION 208. CO	PART 1 (A).  NDITION FO	B. PLACE OF INJURY (e.g., me, farm, lactory, street, office	In or obout 22C. WHERE INJURY OCC	DID (If in Boltlmore UR?	City, give exact i	У	
MEDICAL	TO THE DEATH DISEASE OR CO	PERATION 208. CO  L CAUSE WAS OR CONTRIB- E OF DEATH.	PART 1 (A).  NDITION FO  22E hor  (Hour)	B. PLACE OF INJURY (e.g., me, farm, lactory, street, office	In or about 22C. WHERE e bldg., etc.) INJURY OCC	UR?	City, give exact i	У	
MEDICAL	TO THE DEATH DISEASE OR CO	DIDITION GIVEN IN PRESENTION 20B. CO  LE CAUSE WAS OF CONTRIB- E OF DEATH.  Onth) (Doy) (Yeo	PART 1 (A). NDITION FO	B. PLACE OF INJURY (e.g., me, form, lactory, street, office WHILE AT NOT AT WORK	In or obout 22C. WHERE E bldg., etc.) INJURY OCC 22F. HOW DI	D INJURY OCCU	e City, give exact I	ocation)	
MEDICAL	TO THE DEATH DISEASE OR CO	DODITION GIVEN IN PREATION 20B. CO  AL CAUSE WAS OR CONTRIB- E OF DEATH. Onth) (Doy) (Yeo	PART 1 (A). NDITION FO  22E hor (Hour) m.	B. PLACE OF INJURY (e.g., me, form, loctory, street, office while AT NOT AT W	In or obout 22C. WHERE bldg., etc.) INJURY OCC 22F. HOW DI WHILE 22F. HOW DI tap sy X ond that	D INJURY OCCU	R?	ocation)	
MEDICAL	TO THE DEATH DISEASE OR CO	DIDITION GIVEN IN PRESENTION 20B. CO  LE CAUSE WAS OF CONTRIB- E OF DEATH.  Onth) (Doy) (Yeo	PART 1 (A). NDITION FO  22E hor (Hour) m.	B. PLACE OF INJURY (e.g., me, form, lactory, street, office WHILE AT NOT AT WORK	In or obout 22C, WHERE bldg., etc.) INJURY OCC 22F. HOW DI	on this basis, o	e City, give exact I	ocation)	
MEDICAL	TO THE DEATH DISEASE OR CO	DODITION GIVEN IN PREATION 20B. CO  AL CAUSE WAS OR CONTRIB- E OF DEATH. Onth) (Doy) (Yeo	PART 1 (A). NDITION FO  22E hor (Hour) m.	B. PLACE OF INJURY (e.g., me, form, loctory, street, office while AT NOT AT W	In or obout 22C. WHERE INJURY OCC  22F. HOW DI  tap sy  ond that  Homicide CHIEF MEDIC	on this basis, and Undetermin	R?	ocation)	'es
MEDICAL	TO THE DEATH DISEASE OR CO	DIDITION GIVEN IN PRETATION 20B. CO  AL CAUSE WAS OR CONTRIB- E OF DEATH. Onth) (Doy) (Yeo	PART 1 (A). NDITION FO  22E hor (Hour) m.	B. PLACE OF INJURY (e.g., me, form, loctory, street, office while AT NOT AT W	In or about 22C. WHERE bldg., etc.) INJURY OCC  22F. HOW DI  22F. HOW DI  tap sy  ond that  Homicide CHIEF MEDIC  ASSISTANT MEDIC	on this basis, o	R?	ocation)	
MEDICAL	TO THE DEATH DISEASE OR CO 20A. DATE OF O 20A. DATE OF O 20A. EXTERNA UNDERLYING CAUS 22D. TIME (MC OF INJURY (APPROX.) 23.  1 certify resulted ACTUAL SIGNATURI EXAMINER*	IL CAUSE WAS OR CONTRIB- E OF DEATH.  That I held an I from: No ural course  S Ronald	PART 1 (A). NDITION FO    226   hor   hour)   m.   Inquiry   uses   X	B. PLACE OF INJURY (e.g., me, form, loctory, street, office WHILE AT NOT WORK INSpection August Accident Suicid	In or about 22C. WHERE bldg., etc.) INJURY OCC  22F. HOW DI  22F. HOW DI  tap sy  ond that  Homicide CHIEF MEDIC  ASSISTANT MEDIC	on this basis, of Undeterminical Examiner	R?	ocation) V	'ES
MEDICAL	TO THE DEATHDISEASE OR CO	IL CAUSE WAS OR CONTRIB- E OF DEATH. Onth) (Doy) (Yeo  that I held an I from: No ural cou	PART 1 (A).  NDITION FO    22th   hot   hot   with   hot   hot   No. Kori	B. PLACE OF INJURY (e.g., me, form, loctory, street, office white AT NOT WORK AT W  Inspection Au  Accident Suicid	In or obout 22C. WHERE INJURY OCC  22F. HOW DI  tap sy ond that  Homicide CHIEF MEDIC  ASSISTANT MEDIC  ASSOCIATE MEDIC	on this basis, of Undetermine CAL EXAMINER CAL EXAMINER	deoth In my op	ocation)  Inten  7/3	ATE SIGNED
MEDICAL	TO THE DEATH DISEASE OR CO 20A. DATE OF O 20A. DATE OF O 20A. EXTERNA UNDERLYING CAUS 22D. TIME (MC OF INJURY (APPROX.) 23.  1 certify resulted ACTUAL SIGNATURI EXAMINER*	IL CAUSE WAS OR CONTRIB- E OF DEATH. Onth) (Doy) (Yeo  that I held an I from: No ural cou	PART 1 (A).  NDITION FO    22th   hot   hot   with   hot   hot   No. Kori	B. PLACE OF INJURY (e.g., me, form, loctory, street, office WHILE AT NOT WORK Inspection August Accident Suicid M.D. and lum, MeD.	In or about 22C. WHERE INJURY OCC  22F. HOW DI  tap sy  ond that Homicide CHIEF MEDIC  ASSISTANT MEDIC  ASSOCIATE MEDIC  OF CREMATORY	on this basis, of Undetermine CAL EXAMINER CAL EXAMINER CAL EXAMINER (24D. LOCATION)	deoth In my op ed manner	ocation)  Inten  7/3	'ES
MEDICAL	TO THE DEATHDISEASE OR CO	IL CAUSE WAS OR CONTRIB- E OF DEATH. Onth) (Doy) (Yeo  that I held an I from: No ural cou	PART 1 (A). NDITION FO  22E hor  (Hour)  m.  Inquiry   N. Kori	B. PLACE OF INJURY (e.g., me, form, loctory, street, office white AT WORK Accident Suicid M.D.  Accident Suicid M.D.  24C. NAME of CEMETERY M. Auburn Ce	In or about 22C. WHERE INJURY OCC  22F. HOW DI  tap sy  ond that Homicide CHIEF MEDIC  ASSISTANT MEDIC  ASSOCIATE MEDIC  OF CREMATORY	on this basis, of Undetermine CAL EXAMINER CAL EXAMINER	deoth In my op ed manner	ocation)  Inten  7/3	ATE SIGNED
WEDICAL B	TO THE DEATHDISEASE OR CO	CONDITION GIVEN IN PREATION 20B. CO  AL CAUSE WAS OR CONTRIB- E OF DEATH.  That I held an I from: No ural course of the control of the contro	PART 1 (A). NDITION FO  22E hor Inquiry  N. KOT1	B. PLACE OF INJURY (e.g., me, form, loctory, street, office WHILE AT NOT WORK Inspection August Accident Suicid M.D. and lum, MeD.	In or about 22C. WHERE INJURY OCC  22F. HOW DI  tap sy  ond that Homicide CHIEF MEDIC  ASSISTANT MEDIC  ASSOCIATE MEDIC  OF CREMATORY	on this besis, of Undetermine CAL EXAMINER C	deoth In my oped manner (City, town, oe, Md.	Inion  7/3	ATE SIGNED  0/69 (Stote)

25C. FUNERAL DIRECTOR 1735 Harford Ave. 21213
Marshall W. Jones, Jr.



16	N-320	69	7857	N .	Y HEALTH DEPARTMENT	X	69 7857
	TH NO.			CERTIFICA			
	pe or Printl	RAh	11/0:	He '	2. DATE	AND HOUR OF DEATH	p 30
3.	PLACE IN BALTIMORE	MARYLAND, W	HERE PRONÓ	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE) B. CO	Where deceased lived. If in	stitution: residence before admission)
H	LL NAME OF (IF	NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	A.A.	DE CITY LIMITS?
3	Johns A	topkin:	s Hos	spital	POSACE E. STREET AND NUMBE	VA	YES NO T
5	SEX 6. RACE				150x 41	5 Kt/	
	FEMALE /	VEGRO	* MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH -0	2 lost birthdoy) 6 7	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
10A don	USUAL OCCUPATION during most of working li	(Give kind of work	108, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	.,			St. Marys Co.	, Md.	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	EDWARD JO	HNSON			EL1:	ZABETH MILL	ER
15. (Ye:	Wes Deceased Ever in sone or unknown) (If yes,	U. S. Armed Ford	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 D /75	ADDRESS
11	10	give war or core.	of services	SECURIT NO.	Henson Watts	11, Box 475	, Maryland
	18. 7/11. 9	1		CAUSE OF DEAT	Н	rasauena	APPROXIMATE INTERVAL
	DISEASE OR C	ONDITION DIR	ECTLY		2 1 11		BETWEEN ONSET AND DEATH
		G TO DEATH	4040C III	(A) IMMEDIATE CA	USE PROBAble	m. L	MINS
	(This does not mean heart lailure, asthenio injury or complication	, elc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
		DENT CAUSES	Geom4	/-	7501/7		
	DISEASES OR CON		nav eivine	(B) DUE TO OP AS	A CONSEQUENCE OF:	*******	***************************************
	rise to the obove	cause IA)	stating the	(c)	A CONSEQUENCE OF		
		II		(0/::::::::::::::::::::::::::::::::::::		**************************	
ATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	ONDITIONS CON	E TERMINAL	**************		\$000 000 000 000 000 000 000 000 000 00	***************************************
ERTIFICATION	19A-DATE OF OPERAT	WAS PERF	NON FOR Y	WHICH OPERATION	NO	No 208. IF YES WERE F	INDINGS CONSIDERED JSES OF DEATH?
CAL C	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF examined	21 B. hom etc.J	e, form, factory, street, a	In ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR	(If In Boltimare	City, give exect (acotion)
-	OF INJURY	(Doyl (Year)		INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
	(APPROXI		Wai	k L At Work	1/20		cele . c.
	22. 1 certify that (1)			ne deceased from	1/30	_19 69 to	8/1 1967
	that (I) (we) last say			8/1			lan death accurred on the dote
	and hous and from th	e causes state	d above. (I	(We) (did) (did nat)	lew the bady after deat	h.	1,0
	23A. SIGNATURE	151.	Folen	MD. Ath	onding Med.	Staff Phys.	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	<u> </u>		DEGREE	23 D. ADDRESS		0/.
		JAMES L	.BOLE	DEGREE	THE JOHN	S HOPKINS H	CSPITAL
24A	BURIAL CREMATION, REMOVAL (Specify)	24B DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D	LOCATION (City	y, tawn, or county) (Stote)
	Burial	8-5-196	9 Bal	timore Nation	nal Cemetery Ba	ltimore, Mary	land
25A	AUG 6 1969	Robert E	7 67 /	F. REGISTRAR	25C. FUNERAL DIRECT	T/JJ Harton	rd Ave. ADTE13
I Ve	AUG 6 1969	Justin C	Valley,	1000 0 0	Baltimore	Md. Marshall	W. Jones, Jr.

was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

RGB

16	3-562 69	7858	BALTIMORE CITY CERTIFICA			REG. NO	69	9 7858	
	TH NO.	. 000	CERTIFICA	IE OF DI				4	
	pe or Print) Marie Olive 1	illian Gr	rimes			. 4, 1969		5.05 T	,
3.	PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESID	DENCE (Where	e deceased lived, If in	stitutians t	5:05 F	M.
HH	LL NAME OF (IF NOT IN HOSPIT SORPITAL OR ADDRESS OR LOCA	AL OR INSTITUTIO	ON, GIVE STREET	Md.	& COUN		DE CITY L	240	_
1	US Public Health Ser	uriae Veer	ni + o 1	Baltim		D. 11431	YESKX		
K	3100 Wyman Parkway	Arce Host	JI GAI	E. STREET AND	NUMBER	10	0		
-		Y			Fort A		( )	up. 2123	20
	F W	WIDOWED	NEVER MARRIED DIVORCED	12/4/97	0	9. AGE (In yours last birthday)	I( Undo Months	Days Hours	4 Hrs. Vin.
dor	USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired)	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	(Slote or fareig	gn country)	12. CIT	ZEN OF WHAT CO	UNTRY?
	Housewife	-at M	one	New Y	ork			USA	
13.	FATHER'S NAME			14. MOTHER'S A					
	James H. Cornell				e Duboi	S			
15, (Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) lif yes, give wor ar dolo	s of service)	SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	No -	. A	none		rds- US	PHS Hospit	al , B	Balto, Md.	
	18,5-9/X 14/5	316	CAUSE OF DEATH	ł				APPROXIMATE INTE	
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY		Aspira	tion pn	eumonia		1 day	
	(This does not mean the mode of heart failure, asthenia, etc. It means injury at complication which caused	the disease,	DUE TO, OR AS	SE A CONSEQUENCE		*************			
	ANTECEDENT CAUSES	ogun,,		Uremi	a			Weeks	
	DISEASES OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE	E OF:	****		**********	
	rise to the abave cause IA) UNDERLYING CONDITION last.	slaling the	(c)	Hydr	onephro	sis		Months	
$\ _{-}$	11			reinoma o	i colon	with metas	tases	2 yrs.	
ATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL	*******************************			<del></del>		************	
CERTIFICATION	19A-DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHITE	CH OPERATION	20A. AUTOPS	yes	208 IF YES WERE F IN CERTIFYING CALL VOS	INDINGS ISES OF	CONSIDERED DEATH?	
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examines)	21 B. PL.A home, f etc.)	CE OF INJURY (e.g., ir arm, lactory, street, all	or obout 21 C. WI		The state of the s	City, giv	e exact lacation)	-
MEDIC	21D. TIME (Month! (Day) (Year! OF INJURY	(Hour 21E IN	JURY OCCURRED	21F. HO	M DID INTO	RY OCCUR?			
3	(APPROX)	While A	Not While						
	22. I certify that (I) (this hospital			lav 26	19	9 69 to A	19/1	19	69
	that (I) (we) last saw the decease	d alive on	Aug. 4	1969	ond tha	t in (my) (aur) opin	0 4		
	and haur and from the causes stot	ed above. (I) (W	(a) (did) (did) (of) vi						
	23A. SIGNATURE	2.0 ^	Alla	nding Ma	٧ C '			E SIGNED	
	23C. PHYSICIAN'S	en, 17	( ) DEGREE Phys	Dir	rector L	Phys. X	8/	5/69	
	NAME (Type)	CA Carmon /1		3D. ADDRESS	Hogn:	tol Dolt-	Ma		
24/	Gary E. Feldman,		DEGREE			tal, Balto,		r senstul 18:	-1-1
	REMOVAL (Specily)	P	OF CENTERERS OF CRE	NAIOK!	- D	CATION (City	y, town, o	1	ate)
25/	DATE REC'D BY HEALTH DEPT.	258 NAME OF R	word Halson	25C, FUNERAL	- Na	Elimose	mo	ADDRESS /	-
		Jaber N	191 C 0	27 lu 8	7.160	wan & Son &	Inc	. 29	N
VS	150-REV. 1/1/68			7. 1				7.76 Clare	4

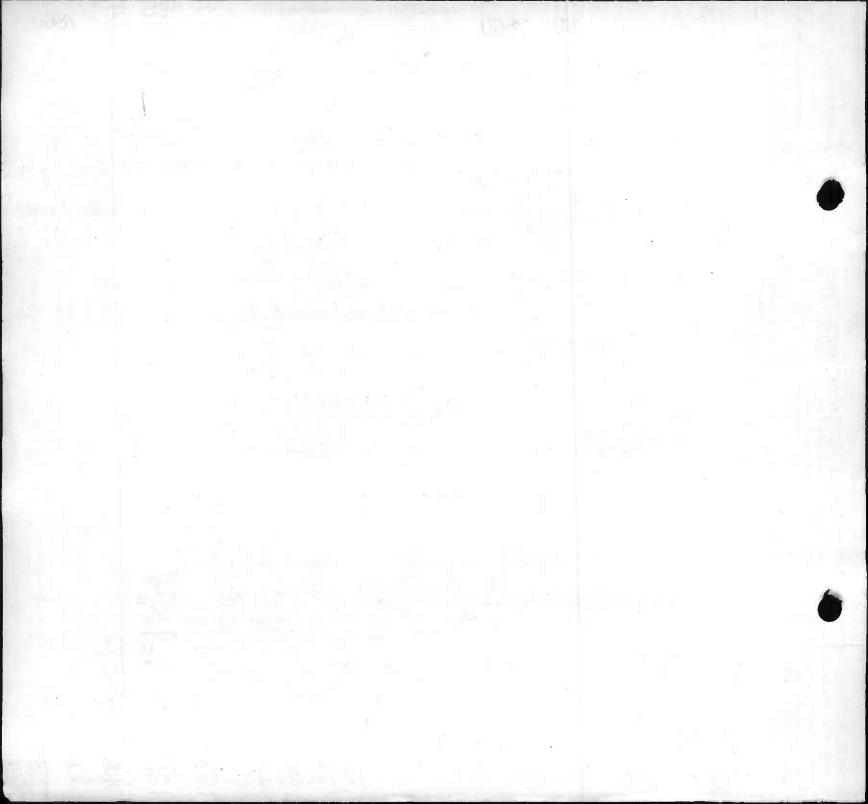
VS 151-REV. 7/1/68

M-61	0	69	7859	3	ALTIMORE CITY HE			DEAT		00	
BIRTH NC.		WED	ICAL	EX	AMINER'S	LEKIIFI	CATE OF	DEAI	H REG. N	10. 69	
I. NAME OF DEC	CEASER	i ole V				2. DATE	Known CK	Month	Day	Yeor	Hour
		ick K				OF DEATH	Estimoted	Augu	st 2,	1969	
4. PLACE IN BAI						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	TION)		I, GIVE STREET				st 2.		1:32 A/
	St. Agr	nes Hos	nita	1	(DOA)	A. STATE	ESIDENCE (When	re deceased i	B. COUNT		before odmission)
6. SEX	7. RACE	103	-			C. CITY OR	Maryland		ID INISIDE	CITY LIMITS?	(137
Male	White				NEVER MARRIED				ט. וואסוטנ		
9. DATE OF BIRT		10.AGE (In	WIDOW		DIVORCED L		timore			YES A	ио Ц
2-19-19		lost birthda		Months	Doys Hours Min.		5970 Glen	falls	Avenue		
II. BIRTHPLACE (		n country)		12, CIT	IZEN OF	13. FATHER		Lalls	avende		
Ohio					AT COUNTRY?			eorge	A Mass	nhar	
14A.USUAL OCCU	JPATION (Give	kind of work	48. KIND	OF BU	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE SOT SE	A TITT.	Dur	
done during most of v Servi			1677	ler.	Motors Co.			Lan	ra Lee	Riley	
16. WAS DECEAS	ED EVER IN L	J.S. ARMED	FORCES	2 17	7. SOCIAL	18. INFOR	MANT		7	ADDRESS	
(Yes, no or unknown Yes	Mili Aes' Blad A	1960-	9-50	-65	270-30-6179	Mrs	Janet M.	Murphy	St. M	ary Dri	ve 21236
19.	500				CAUSE OF DEA	тн					APPROXIMATE INTERV
DISEAS	E OR CONDI	TION DIREC	TLY							001	WEELN CHOSE AND DE
	LEADING TO	DEATH			(A)IMMEDIATE C	AUSE Mu	ltiple tr	aumati	c inju	ries	
heart foilure	ol meon the control of the control o	It meons the	disease,		DUE TO, OR A	S A CONSEC	UENCE OF:				
injury or con	mplication whic	h coused dec	th.)								
	NTECEDENT				(8)						
RISE TO THE	OR CONDITIO	ISE (A) STAT	ING THE		DUE TO, OR	AS A CONSE	QUENCE OF:				
I UNDERLYIN	NG CONDITION	ON LAST.			(c)						
OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF	VIFICANT CON	DIMONE CO	A INDIDITE	1110							
TO THE DE	ATH BUT NOT	RELATED TO	THE TERMI	NAL							
20A. DATE OF	F OPERATION			OR WI	HICH OPERATION WA	S PERFORM	VED.			21 AUT	OPSY? (Yes or No
3						io reki okii				21. 4010	Yes
ZZA. EXTER	NAL CAUSE	WAS		228. PLA	CE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If In Boltimo	re City, give	exact location)	
UNDERLYING	USE OF DEAT	RIB-		home, fa	CE OF INJURY(e.g., irm, loctory, street, office street	bldg., etc.) I	Security	Dland	Courte	h Calan	1-1 53/
≥ 22D. TIME	(Month) (D		) (Hour	) 22 E.	INJURY OCCURRED		2F. HOW DID IN			ii Colon	lal - Jo
OF INJURY (APPROX.)	8-2-69	12:3	7 A.	WHI	LEAT TO NOT	WHILE X	Driver in	auton	fived	object	oollision
23.			,	111.2 1107	AI W	OKK (ZZ)	DIIVEL III	auco	LIXEG	object	COTITSTOIL
I cert	tify that I he	old on Ir	quiry	] [	nspection Aut	opsy K	ond that on t	his basis,	death in r	ny opinion	
resul	ted from: N	itural cou	es 🗌	Acci	ident 🔀 Suicid	e Ho	omicide 🗌	Undeterml	ned monne	er 🗌	
ACTUAL	1/	111	111		1		CHIEF MEDICAL				DATE SIGNED
SIGNATI	URE	MI	1/6	wh	M.D.	ASSI	STANT MEDICAL	EXAMINER			DATE STORED
EXAMIN NAME (1		Ronald	N. K	Cornl	olum, M.D.	ASSO	CIATE MEDICAL	EXAMINER	L A	ugust 2	, 1969
24A. BURIAL CREA	MATION, 24	IB. DATE		24C. I	NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION		own, or county	
REMOVAL (Speci	lly)	8-5-19	60								
25A. DATE REC'D				AME OF	Parkwood Ce			Fuller	con	Balto	· PIQ ·
AUG 6	4000	Poles & E	200. IN	Ame Of	REGISTRAK		UNERAL DIRECT			ADDRESS	
7.00	1000	5.65 E	Yes	Star !	M.A. O.	143:	ssahn Fun	eral Ho	ome 740	ol Belai	ir Road

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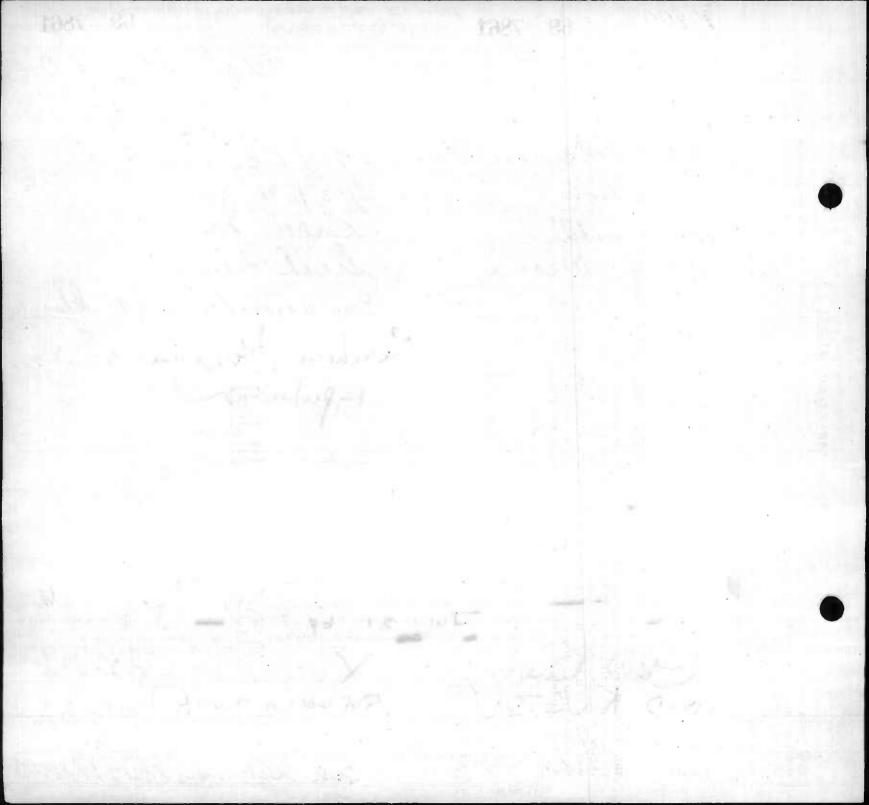
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he bady was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be abtained before the remains are embalmed ar final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be abtained before the remains are embalmed ar final disposition is made.	
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BA	LTIMORE CITY HEALTH	DEPARTMENT		00	11000
K-160 69 7860 CI	ERTIFICATE O	F DEATH	REG. NO	69	7860_
(Type or Print)		2. DATE AND	HOUR OF DEATH		9 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EFER	AUGU	51 / 1969	tion: residence b	P.M.
3. FLACE IN BALLIMORE MARILAND, WHERE FRONOUNCED D	A. STAT		second lived it litship	7/	La l
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI		OR TOWN	D INSIDE	CITY LIMITS?	71
MARYLAND GENERALF		1/70			оП
AMARYLAND GENERALI.	E. STRE	T AND NUMBER		11	
	40	204 WIL	LSHIRE	AUE.	
5. SEX 6. RACE 7. MARRIED NEVE	MARRIED B. DATE		AGE (In years II M	Under 1 Yr. onths Doys H	If Under 24 Hrs.
10A, USUAL OCCUPATION (GIVE kind of work 10B, KIND OF BUSINES	DIVORCED JULY	2,1904	65	CITIZEN OF W	ULAT COULTRYS
done during most of working life, even if relired) RESTRURAR		D	country		HAT COUNTRY?
RELIRED OWNER	2 /	5ALTO.	1101.	0,3	· A .
13. FATHER'S NAME	14. MOI	HER'S MAIDEN NAME		,	
JOHN / KEEFER	L.	LIZABET	6 11. BR	POWN	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	RITY NO.	MANI	- 4	ADDRES	
NO - 218-	17631	ILLIAN /	TEEFER	(3	AME)
412.3	USE OF DEATH	0 0	1 1 5		MATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	THE CAUSE OF	Learta	Hack :		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., II means the disease,	DUE TO, OR AS A CONSEC	DUENCE OF: 100	an Stack	We?	
injury or complication which caused death.)	1.		lina 110	,	
ANTECEDENT CAUSES	Corona.	yax.c	xcreare	<u>کا</u>	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONSE	QUENCE OF:			
LINDEN WILL CONDITION .	)	••••			
- II					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL 4 DISEASE OR CONDITION GIVEN IN PART 1 (A).					
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	INGS CONSID	ERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED			N CERTIFYING CAUSE	S OF DEATH?	
OR CONTRIBUTING CAUSE OF home low	F INJURY (e.g., in or obout octory, street, office bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exact loc	cotion)
DEATH (notify medical examiner)					
OF INJURY  While At	OCCURRED Not While	21F. HOW DID INJUR	Y OCCUR?		
(APPROX.) While At Work	At Work		1001		
22. I certify that (I) (this hospital) attended the decea			08 to Felly		1969.
that (1) (we) lost sow the deceased alive an Aug	7 29 19	ond that	in(my) (our) apinio	n deoth accur	ed on the dote
and hour ond from the couses stated above. (I) (We)((d	id) (did not) view the	body ofter death			
23A. GRATERE	Attending (2)	Med. Sk		B. DATE SIGNED	
1 & John gelarion	GEGREE Phys.	Director L Ph	ys. 🔲 🧸	12/6	7
23C. PHYSICIAN'S NAME (Type)	23D, ADD	PP.OO	D1 B-0	100 21	7 > 7
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	OEGREE 07	THE CACE	ATION (City	awa ar countril	(Stote)
REMOVAL (Specify)	11 1 11 1		77	own, or county)	(31016)
DURIDE 8-3-69 Maj TA	OLYNEGEE	MERS DIRECTOR	159670.	Md.	RESS
AUG 6 1969 Robert E. Jaben MD. 4	8 0 0 h	00/18/16/	bl. 3 544	W Ral	an Pal
VS 150-REV, 1/1/68	1	TELLET UN	Million VIT	TIVEL	HIG AU

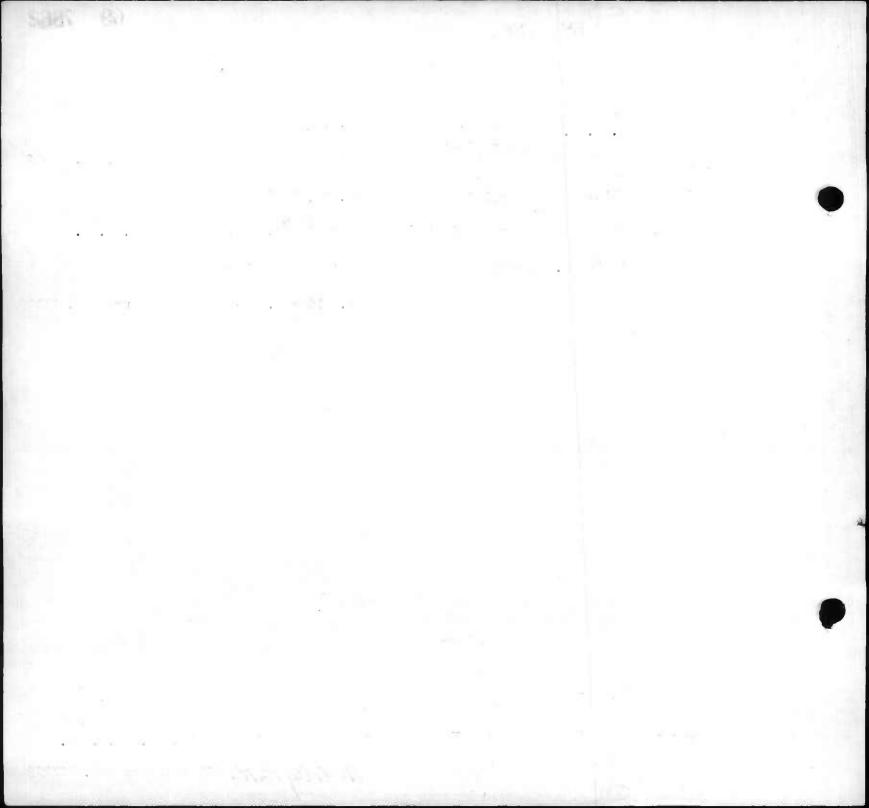


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remaining are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		2 1/00			BALTIMORE CITY	HEALTH DEPARTMENT		00	Mon		
	RTI	H NO.	69 78	361	CERTIFICA	TE OF DEATH	Registered No.	69	7861		
- 11	1. NA	CASE NO.	Etha B.	Po	WELL	2. DATE AND	HOUR OF DEATH	9 1	11 Ps M		
	3. PL	LACE OF DEATH	IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where A, STATE B, COUNT	deceosed lived. If insti	tution: residenc	e before odmission)		
	H	ULL NAME OF OSPITAL OR INSTITUTION	(If not in hospital or institution)	tion, give	streel	C. CITY OR TOWN (If outs	And a c	RAL and give	tawnship)		
Ш			(0)			D. STREET ADDRESS (II is	gol, give location)				
	0	2709	Elsena	e (	ene	2709 El	senoie	an			
	1.	emale	Hegio WID	OWED, D	VER MARRIED IVORCED (specify)	Sept 3, 1898"	80	If Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.		
- 1			ATION (Give kind of work 10B, KtN king life, even if retired)	D OF BU	SINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF			
2	人人	Lone	mader			Dalto.	MR				
וו כ	13. F	ATHERS NAME				14. MOTHER'S MAIDEN NAM	E				
200	1	Walt	u Wear	er		Sarah 7	tallen		- G		
	Yes,	no or unknown)	ver in U. S. Armed Forces? I yes, give wor or dotes of sen	vice)	SOCIAL SECURITY NO.	17. INFORMANT	famood	6.45	less of		
	1	18. / 2.2	0.1		CAUSE O	F DEATH	) rainece	INTERV	AL RETWEEN		
5		A 3 / O ONSET AND DEATH									
3	LEADING TO DEATH										
			mean the made of dying,		DUE TO	2 Claring	A Company	<i></i>			
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)										
ANTECEDENT CAUSES  (B)  DUE TO  DUE TO											
2			CONDITIONS, if any, g		562 10						
3			above cause (A) stating	lhe	(C)	~~~~					
	-		11								
	Z		ANT CONDITIONS CONTRIB		The same of the sa						
	ATIC		TH BUT NOT RELATED TO	THE _							
	ERTIFICATION	19A. DATE OF O	PERATION 198. CONDITION WAS PERFORMED		CH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	ES OF DEATH	DERED ?		
5	U	21 A. ACCIDENT	WAS UNDERLYING	218, PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exoct	I locotion)		
	_ (	OR CONTRIBUTION	edicol examiner)	home, I etc.)	oim, foctory, street, of	fice bldg. INJURY OCCUR?					
3	0 2	21 D. TIME (A	Month) (Doy) (Year) (Hour)	21 E. IN.	JURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?				
	>	(APPROX.)		While A	Not While		^	~			
	2	22 Longity th	ot (I) (This theopital) often				100 10	1	106		
	- 1		st sow the deceased alive			19 ond tho		on death occ	urred on the date		
	- 1		rom the couses stated above								
		A. SIGNATURE				- A	2	3B. DATE SIGN	HED /		
	}	1 - 12	W) 1	22	M.D. Atte	mding Med. Director P	toff 'hys.	( V	M		
	2	23 C. PHYSICIAN	The same	CV		23D. ADDRESS	1175.	0			
		NAME (Type	KIN 11-TA	) A /	M.D.	Sty Lange	aug L.	41 00	4.2.		
2	24A.	BURIAL CREMA	TION, 24B. DATE 24	C. NAME	of CEMETERY OF CRE	MATORY 24D. LO	CATION (CA)	lown; or count	(Stote)		
		REMOVAL (Spe		6.	1 A->	20. 1 PL	A A	Switt of Count	74,0		
	7	DATE	1 8/3/07	W.	pulus /	um / K, U	chulu		THE STATE OF THE S		
	25A.	NUG 6 15	69 Tobers E Tail	Ben, H	DISTRAK	25C FUNERAL DIRECTOR	mare - 1	827	W. Korth G.		
16	/S 1	50-REV. 1/1/65			· · · · · · · · · · · · · · · · · · ·	110000		V=1/	75.00		



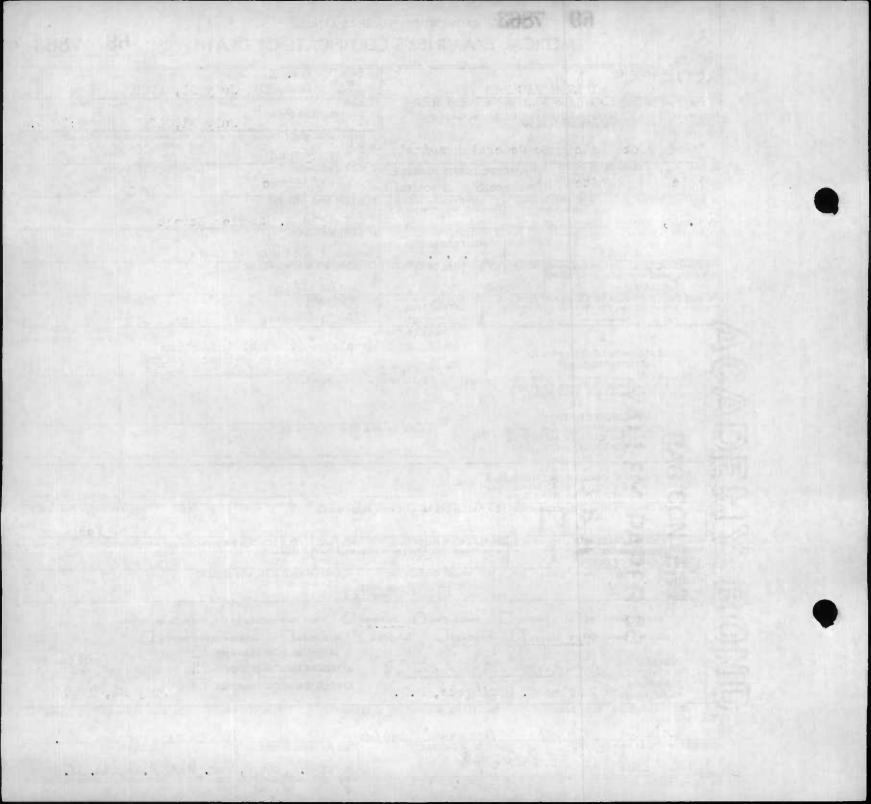
HOSPITAL OR INSTITUTION  D. O. A. South Baltimere  General Hespital  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Riviera Beach  D. STREET ADDRESS (If rurol, give location)	62
### FULL NAME OF HOSPITAL OR INSTITUTION  D. O. A. South Baltimere General Hespital  General Hespital  General Hespital  S. SEX  S. SEX  S. RACE  White  White  Whow the Wildows Divorce (specify)  Married  Marri	M.
General Hespital  D. STREET ADDRESS (If rurol, give locotion) 8450 Church Read Pasadene, Md.  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (specify) Mov. 24, 1903 65  Male White White White Movement loss Kind of work loss Kind of susiness or industry 11. Birthelace (stote or foreign country)  Fereman  13. FATHERS NAME  William H. Stevens  14. MOTHERS MAIDEN NAME  Flerence Sadler  15. Was Decessed Ever in U. S. Armed Forces? SECURITY NO.  15. Was Decessed Ever in U. S. Armed Forces? SECURITY NO.  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Mrs. Alice M. Stevens 8450 Church Rd.  18. CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stoting the UNDERLYING CONDITION loss.	200
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED NEV	21122
done during most of working life, even if retired)  Foreman  13. FATHER'S NAME  William H. Stevens  15. Was Deceased Ever in U. S. Armed Farces?  (Yes, no or unknown) (If yes, give wor or doles of service)  No  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION [ast.]	
William H. Stevens    Stevens   Stev	
No New Stevens 8450 Chunch Rd.  No New Stevens 8450 Chunch Rd.  No New Stevens 8450 Chunch Rd.  CAUSE OF DEATH  CAUSE OF DEATH  (A)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astheria, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
DISEASE OK CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (we) last sow the deceased alive on 7 - 2 8 - 19 6 9 and that in (my) (that has been deceased alive on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that in (my) (that has been deceased on 19 6 9 and that has b	
M.D. Attending Med. Staff Phys. Director Phys. Staff	in ,
	Stote)
25A PAT RECON HEAT THE PER AME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	1225



B-755	69 786	BALTIMORE CITY HEALTH DEPARTMENT
10-255	MEDICA	L EXAMINER'S CERTIFICATE OF

EDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	VER'S CERTIFICATE OF DEATH REGIL	EXAMINER'S	EDICAL
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10215				()()
MEDICAL EXAM	MINER'S C	CERTIFICATE OF I	DEATH REG. NO.	69 7863
I. NAME OF DECEASED		1		
(Type or Print)		2. DATE Knows 🖾	Month Doy	Yeor Hour
WILLIAM BACHMAN		DEATH Estimoted	July 31, 196	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		3. DATE	Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI HOSPITAL ADDRESS OR LOCATION)  ADDRESS OR LOCATION	VE STREET	PRONOUNCED DEAD	July 31, 196	
43 South Baltimore General H	Joenital	5. USUAL RESIDENCE (Where d	B. COUNTY	residence before odmission)
		Maryland		2000
6. SEX 7. RACE B. MARRIED NEV	ER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	TY LIMITS?
Male White WIDOWED	DIVORCED [	Baltimore	VE	s X NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 )	r. If Under 24 Hrs.	E. STREET AND NUMBER		300 100
Dec. 27, 1899 lost birthdoy) Months, Do	ys   Hours   Min.	1520 C Cha	mia Otaaat	
II. BIRTHPLACE(State or foreign country) 12. CITIZET	N OF	1529 S. Cha	ries Street	
AA / / WHAT C	OUNTRY?		0 1	
manylana u.	Defte	George Herman L	Sachman	
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINI one during most of working life, even if retired)	ESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME		
Guard Race tro	rcb	Marie Strum		
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SC		I.B. INFORMANT	b AD	DRESS
	ECURITY NO.			1 0
	nknown	Olivia Wymore	815 Glenkin	
19. / 5 3 1	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Malignant	neoplasm of small	intestine	
LEADING TO DEATH	4.NIMMEDIATE C	with massive n	netastases to	
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE C	S A CONSEQUENCE OF:	TIVEL	
heart lollure, osthenio, etc. It means the disease, Injury or complication which coused death.)			2	
			11	
ANTECEDENT CAUSES	(B)		Al-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:		
_   UNDERLYING CONDITION LAST.				
Ó	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
E IO INE DEATH BUI NOT KELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
				Yes
22A. EXTERNAL CAUSE WAS 228.PLACE	OF INJURY (e.g.,	in or obout 22C. WHERE DID (if it bldg., etc.) INJURY OCCUR?	n Boltimore City, give exoc	t location)
UNDERLYING OR CONTRIB-	foctory, street, office	bidg., etc.) INJURY OCCUR?		
	URY OCCURRED	22F. HOW DID INJU	DV OCCUPA	
OF INJURY		WHILE C	KY OCCUR?	
m. WORK	AT W			
23.				
	ection Aut	opsy X and that on this	basis, death in my o	pinion
resulted from: Maturol causes Acciden	t Sulcid	Homicide Un	determined manner	]
	17	CHIEF MEDICAL EXA		
ACTUAL / MALL		ASSISTANT MEDICAL EXA		DATE SIGNED
SIGNATURE CONTROL OF THE SIGNATURE	W.D.			
EXAMINER'S NAME (Type) Charles S. Springa	te, M.D.	ASSOCIATE MEDICAL EXA	MINER L Jul	y 31, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	ME of CEMETERY	or CREMATORY 24D. LO	CATION (City, Iown,	or county) (Stole)
Burial 8/4/69 Parku	wad Ca-	teru	0-11.	A1 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME-OF RE	GISTRAP eme	25C. FUNERAL DIRECTOR	Baltimore (	punty Ad
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- PINAR		AD	DKE22
AUG 6 1969 Valent E. Harber, M.D.		John A. Moran	Inc. 3000 F.	Balto St.
S 151-REV. 7/1/68	1 1, 1	7 1 1 1		



approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief med	the body was released to the hospital by a medic	shows: (1) An accident of any nature; (2) Body burn	was D.O.A. at a hospital (except where the physi	deceased prior to death); and (6) No physician w	written approval must be obtained before the rem	

	1-516 GO 788A	BALTIMORE CITY	HEALTH DEPARTMENT		69 7864				
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	03 7004				
1.	NAME OF DECEASED			D HOUR OF DEATH					
	LANFORD, JAMES TH	OMAS	AUC	JUST 2, 1969	8:41 P				
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in-	stilution: residence before admission)				
F	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND		1803				
ii	OSHITAL OR ADDRESS OR LOCATION) Veterans Administrati	on Hospital	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
1	2.3 3900 Loch Raven Blvd.		BALTIMORE		YES 🔀 NO				
11.	Baltimore, Maryland 2		E. STREET AND NUMBER		2 . 2				
5			126 S. Schroed		Dack. hust.				
	MARRIED 3	NEVER MARRIED		ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
10.	Male White WIDOWED	DIVORCED	10-26-17	31					
100	ne during most of working tite, even if refired)	JAMESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?				
11	crocer clerk Jeff Ciù	gloged	South Carolina		U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .					
	M.L. Lanford		Lila Byrd						
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor at dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	Records	ADDRESS				
		51-10-2402			Blvd. Balto Md.				
	18. 00 / X	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH  (This does not mean the mode at dying, e.g., heart foilure, asthenia, etc. It means the disease								
	heart failure, asthenia, etc. It means the disease.	***************************************							
	injury or complication which caused death.	type, inv	Lymphoma, proba	oh Nodes Mes	s enteric				
	ANTECEDENT CAUSES	nh Nodes							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (Al stating the		des cervical & i						
	UNDERLYING CONDITION last.	(c) Ascitis	, 2000 cc, Serou	15.					
-	11								
5 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHITE		100						
CERTIFIC	WAS PERFORMED	CH OPERATION	YES (Yes or No)	10 CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?				
CE	21A. ACCIDENT WAS UNDERLYING 218, PLA	CE OF INJURY (e.g., in	or obout 21C. WHERE DID	/II In Rollimore	City, give exect location)				
CAL	OR CONTRIBUTING CAUSE OF home, fi	orm, foctory, street, offi	ce bldg. INJURY OCCUR?	hi in commore	Cult dias exoct tocouout				
5003	21D-TIME (Month) (Doy) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJU	BV 0.001180					
AE	OF INJURY (APPROX.) While A			KY OCCUR?					
	Work	At Work							
	22. I certify that (1) (this hospital) attended the d			69 to Augu	st 2, 1969				
	that (X) (we) last saw the deceased alive an			in (16%) (our) apini	an death occurred on the date				
	and haur and fram the causes stated abave. (DK(W	(e) (qiq) (학년그원) 시	ew the body after death.						
	23A. SIGNAPURE	MO)	# - # 1		23B, DATE SIGNED				
	0/1	DEGREE Phys.	Director L Pt	hoff DE	8/3/69				
	23C. PHYSICIAN'S NAME (Type)		D. ADDRESS						
	ffamid M. Mehdizadeh	DEGREE	3900 Loch Raven	Blvd, Balto	., Md. 21218				
244	BURIAL CREMATION, 248. DATE 24C, NAME REMOVAL (Specify)	of CEMETERY of CREA	MATORY 24D. LOC	CATION (City,	town, or county) (Stote)				
1	June 8/7/69 Draw	eland to	meters -	9200-111	la of Carolina				
25/	AP SOCO COLO AD TID CANA	EGISTRAR	25C. EUNERAL DIRECTOR	- convice	ADDRESS				
V	GO 1969 James E. Valber M.D.	900	ta Isterior	Am . Inc	901 Hallows It				
VS	150-REV。1/1/68				lave mo.				

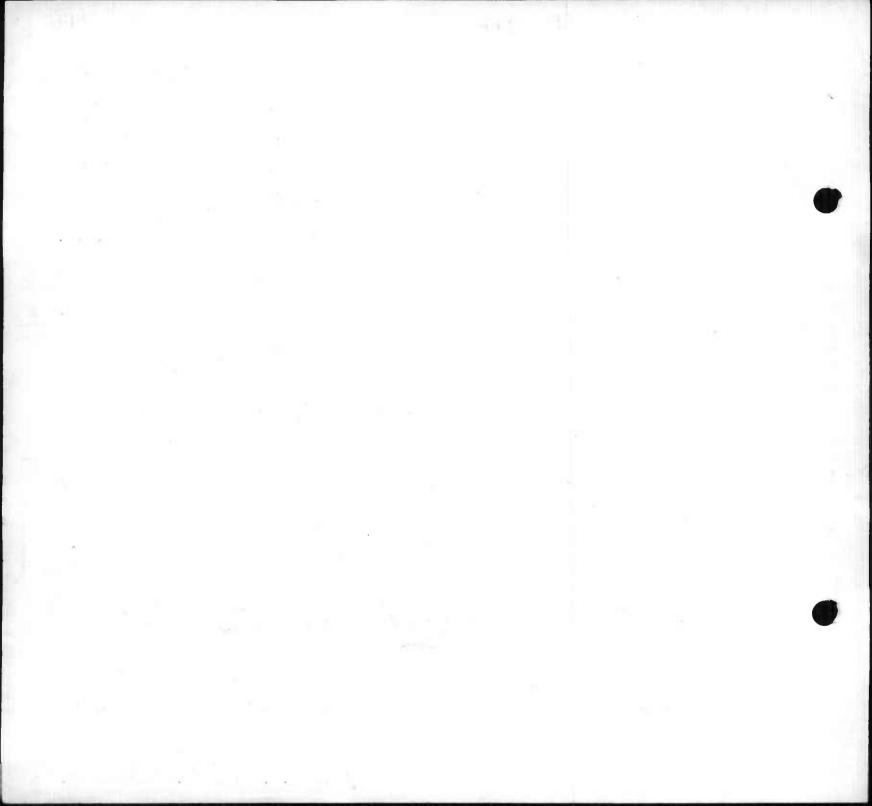
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C-455 69 7865 BALTIMORE CITY HE	ALTH DEPARTMENT						
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 69 7865						
BIRTH NO.	REG. NO.						
1. NAME OF DECEASED CLEMENTS.  THOMAS M. CLEMENTS.	2. DATE Known M Month Day Year Hnur OF DEATH Estimoted August 2, 1969						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 2, 1969 7:00 A.M.						
St. Agnes Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE  Maryland  26 36 BALT LIVERY						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male White WIDOWED DIVORCED	Baltimore YES NO NO						
9. DATE OF BIRTH  10. AGE (In years last birthday)  June 17. 1920  49  If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	6719 Youngstown Avenue # 21222.						
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
Baltimore , Md. WHAI COUNTRY?	Raymond S. Clements, Sr.						
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME						
dane during mast of warking life, even Il retired)  Welder  Beth. Steel Co.	Mary V. Knight						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS						
(Yes, no ar unknown) (If yes, give war ar dates of service) Yes W. W. II  213-05-5569							
19. CAUSE OF DEAT							
DISCASS OF CONDISION DIRECTLY	BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Wellish to the west of the training						
I linis does not mean the made of dying, e.g.,	AUSE Multiple traumatic injuries S A CONSEQUENCE OF:						
heort foilure, osthenio, etc. It means the disease, Injury or complication which caused death.)							
ANIXECTORING CALLERS							
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR A	AS A CONSEQUENCE OF:						
UNDERLYING CONDITION LAST							
(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED						
8 2							
ZZA. EXTERNAL CAUSE WAS   228. PLACE OF INJURY (e.g., 1	n ar about 22C. WHERE DID (If In Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?						
UTING LI CAUSE OF DEATH. STreet	Route 40 and Route 32						
OF INJURY  (Approx)  Q 2 CO (10 A WHILE AT NOT)	22F. HOW DID INJURY OCCUR?						
(APPROX.) 8-2-69 6:12 A. m. WHILE AT NOT V	Driver in auto-fixed object collision						
I certify that I held an Inquiry Inspection Autopsy Ond that on this basis, death in my opinion							
resulted from: Natural couses Accident X Suicide	Homicide Undetermined manner						
(5) 2011/1	CHIEF MEDICAL EXAMINER						
SIGNATURE Mold William M.D.	ASSISTANT MEDICAL EXAMINER X						
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER August 2, 1969						
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	r CREMATORY 24D. LOCATION (City, lawn, or caunty) (State)						
Burial 8-5-69 Oak Lawn C							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR							
AUG 6 1969 Paber & Jaben M.D.	25c. FUNERAL DIRECTOR 901ADGRESS Conkling St. Balto., 21224, Md.						
VS 151-REV. 1/1/68	1						

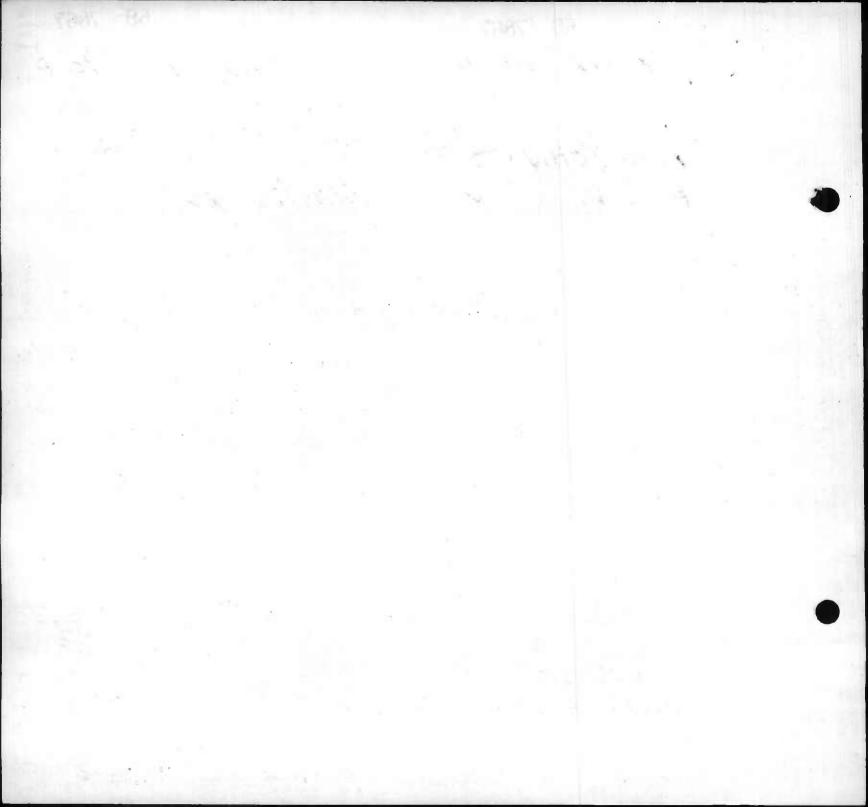
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1	W-623 69 7866 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 7866	
death death seased on the	1. NAME OF DECEASED (Type or Print)  1. VO A  1. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  3. DATE AND HOUR OF DEATH  4. DEATH  4. DEATH  4. DEATH  5. DECEASED	
spita of of of nce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where Secressed lived, II institution: residence before odmissi  A. STATE  B. COUNTY	onl
of Si Ci P	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARY AND BOLFMAN, 280 C. CITY ORTOWN D. INSIDE CITY LIMITS?	2
- 10	Sinai Hospital Beltimore Estrer and Number	
	4507 MAINEAVENUE 21201	
occurred ontributi ermined regular sased pr	Femilia Negro Never Married   8. Date Of Birth   9. AGE (in years lost birthday)   Months; Days Hours Min.	rs.
4 0 4 0 E	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  U.S.A.	RY7
way	13. FATHER'S NAME	
ind; (eath	Louise Carey  15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
the kir de de fina	No No SECURITY NO.  Ethel Jackson 3820 Fernhill Ave.	
medical examiner or his as hedical examiner. Also, if burns, (3) A fracture of any hysician who pronounced in was in regular attenda remains are embalmed or	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  SETUMEN OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE OF DEATH  (A) IMMEDIATE CAUSE OF CONSEQUENCE OF:  (B) APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE OF CONSEQUENCE OF:  (B) APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  CAUSE OF DEATH  BETWEEN ONSET AND DEATH SET ON THE SET ON TH	тн
a m ody	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No.) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CO	_
(2) ph	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?	_
hos natu cept d (6)	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.I While At Not While At Work At Work	_
of an to till (e all (e be o le	22. I certify that (1) (this hospital) attended the deceased from 3/ July 1969 to 5 August 1969 that (1) (we) lost sow the deceased clive on 5 August 1969 ond that in (aur) opinion death accurred an the deceased	-
sed spit spit ust	and haur and from the causes stated above. (We) (did) (We) view the bady after death.	
a to the	Moris Ostol, MD attending Med. Staff Director Phys. Director Phys. D 5 Augus L'65	7
y was r (1) An a 3.A. at d prior	NAME (Type) Morres Ostroff MD Size - Hospital of Saltimore	
	24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)	
the bod shows: was D.C decease	Burial 8/9/69 Church Denton, Nd.  25A. DATE RECT BY HEALTH DEPT.   25E. HAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS	
sho sho was	AUGO 1969 Jaben 2 Marson B. H. 1348 N. Calhoun St.	
	VS 150-REV. 1/1/68	=

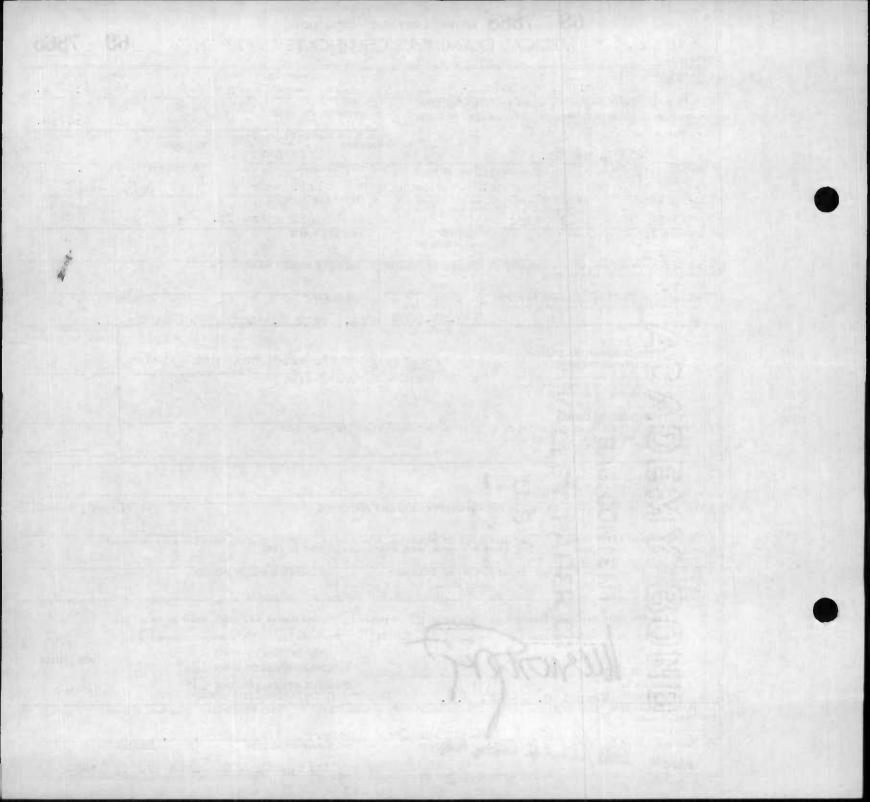


## FUNERAL DIRECTOR: IMPORTANT

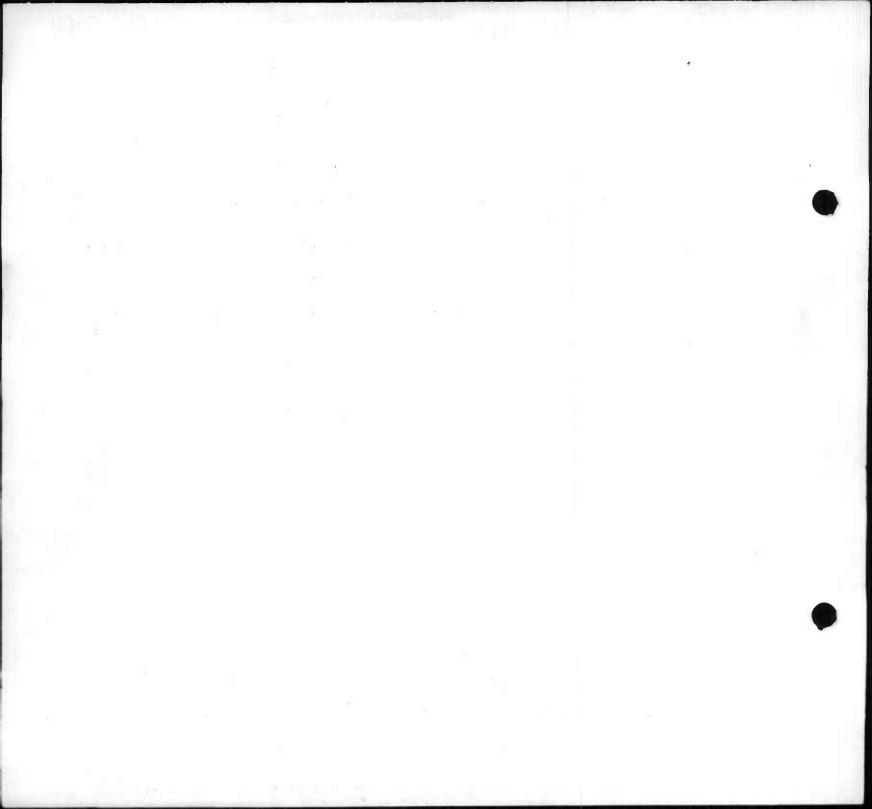
3. PLACE IN BAILMORE MARKLAND, WHEE PROPOUNCED DEAD  NUMBER OF CONTROL OF MAST ACR MISTITUTION, GIVE STREET  NUMBER OF MOST IN HOSSTAL OR INSTITUTION GOVERN IN HOS IN		L-200 69 7867 CERTIFICATE OF DEATH  REG. NO. 69 7867
FULL NAME OF ADDRESS OR LOCATION THAT OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION THAT OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION THAT OR ADDRESS OR LOCATION THA	(Ту	2/14A, 11
S. SEE   C. RACE   NEVER MARRIED   NEVER MARRIED   S. DATE OF BIRTH   R. AGE is never without the continuous proof working its, even direct of working. Rind of working Rind of Business or Industry 11. BIRTHPLACE wings or foreign country   Months: Dry Hours: Main Months: Main Months: Main Months: Dry Hours: Main Months: Dry Hours: Main Months:	FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OSTITUTION  D. INSIDE CITY LIMITS?  VES PR. DO TO TOWN  D. INSIDE CITY LIMITS?
S. SEX   S. BACE   N. MARRIED   NEVER MARRIED   S. DATE OF BRITTH   N. AGE in yours   No. of the proof of t	7	01400 JOHN ST. HOME 112 N. DURHAM ST.
15. Wet Decested Earl In U. S. Amed Faces?  17. INFORMANT  Toledo, Ohio ADDRESS  Very, no or unknown! [Uf yos, give wor or doles of sorvice]  18. Urbanski Funeral Home, 2907 LeGrange S  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (Ithis does not mean the mode of dying, e.g., inputy or complications which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.  (C)  UNDERLYING CONDITION OF THE FERMINAL DISEASE OF CONDITION (A) SA CONSTQUENCE OF:  IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OF CONDITION (A) SWA CONDITION FOR WHICH OPERATION  WAS PERFORMED.  21A. ACCIDENT WAS UNDERLYING DORSE OF SAME OF STRONG CONSIDERED (B) IN SAME CONDITION (A) SWA CONDITION (CAUSE OF DEATH?)  21A. ACCIDENT WAS UNDERLYING DORSE OF SAME CONDITION (CAUSE OF DEATH?)  21A. ACCIDENT WAS UNDERLYING DORSE OF SAME CONDITION (CAUSE OF DEATH?)  21A. ACCIDENT WAS UNDERLYING DORSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING DORSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING DORSE OF DEATH?  21B. PLACE OF INJURY (c.g., in or obout) [21C. WHERE DID IN CERTIFING CAUSES OF DEATH?]  21C. DORSE OF DEATH (CAUSE)  DISTANCE OF CONDITION (CAUSE OF DEATH?)  21D. TO THE DEATH (A) WAS DEATH (CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING DORSE OF DEATH?  21B. PLACE OF INJURY (c.g., in or obout) [21C. WHERE DID IN CERTIFING CAUSES OF DEATH?]  21C. DORSE OF DEATH (CAUSE OF DEATH?)  21D. TO THE DEATH	10,	SEX 6. RACE 7. MARRIED NEVER MARRIED 10. B. DATE OF BIRTH 9. AGE (In yours lost birthday) 9. AGE (In yours lost birthday) 9. Million 1 Yr. If Under 1 Yr. Manths Days Million 1 Yr. Million 24 Haurs Million 1 Yr. Million 1 Yr. Million 24 Haurs Million 1 Yr. Millio
18.	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ANSECRIPTION   CAUSE OF DEATH   CAUSE OF DEATH	15, (Ye	6. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (If yos, give wor or dotes of service) 16. SOCIAL SECURITY NO.  71. INFORMANT Toledo, Ohio ADDRESS  17. INFORMANT Toledo, Ohio ADDRESS  18. SOCIAL SECURITY NO.
isse to the obove couse (A) stating the UNDERLYING CONDITION lost.  (C) UNDERLYING CONDITION lost.  (D) CONTRIBUTION GIVEN IN PART 1 (A).  (D) SEAST GO CONDITION GIVEN IN PART 1 (A).  (D) CONTRIBUTING CAUSE OF LOST.  (If in Baltimare City, give exect locotion) lost.  (If in Baltimare City, give exect locoti		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
The Death But not related to the terminal Disease or Condition Given in Part 1 (al.)  194. Date of Operation Was underlying   21B. Place of injury (e.g., in or about 21C. Where DID Injury occur? (if in Baltimare City, give exact location) of Contributing   21B. Place of injury (e.g., in or about 21C. Where DID Injury occur? (if in Baltimare City, give exact location) of Contributing   22D. Time (Manth) (Doy) (Year) (Hour) 21E. Injury occurred while At Work   21E. Injury occurred white At Work   3.9. 19 6 to 13.7. 19 6 that (I) (we) last saw the deceased dive an		underlying condition last.  (c) attractus yer
D 27A. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
21D. TIME OF INJURY  (APPROX.)  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. I certify that (I) (this haspital) attended the deceased fram.  22D. A thending Mod.  22D. ADDRESS  NAME (Type)  A thending Mod.  22D. ADDRESS  A thending Mod.  22D. ADDRESS  A thending Mod.  22D. ADDRESS  A thendin	AL C	D   27A. ACCIDENT WAS UNDERLYING
that (1) (we) last saw the deceased alive an		21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Day While Day 100 Mg While Day
23C. PHYSICIAN'S NAME (Type)  ALLAN  BEGREE   CEMETERY of CREMATORY  Burial  Burial  S/7/69  Loudon Park Cemetery  Baltimore, Maryland		that (1) (we) last saw the deceased alive an
ALLAN H. MACHT DEGREE 2 to CONSTITUTE OF CREMATORY  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  Burial Spocify 8/7/69 Loudon Park Cemetery Baltimore, Maryland		23C. PHYSICIAN'S  DEGREE  Attending Phys. Director Stoff Phys.
Burial 8/7/69 Loudon Park Cemetery Baltimore, Maryland	24	ALLAN H. MACHT DEGREE 2 to JOSEPH 124C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, of caunity) (Sto
		Burial 8/7/69 Loudon Park Cemetery Baltimore, Maryland



4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  8.5 69 8:57 a. M.  3. DATE PRONOUNCED DEAD 8 5 69 8:57 a. M.  9. SUSUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland  DEATH Estimoted 1 8 5 69 8:57 a. M.  1. STATE Maryland  8. STATE Maryland  8. STATE Maryland  8. STATE Maryland  8. STATE Maryland	B-65	6				BALTIMORE C				OF	DEAT	H REG. N	۷٥	69	'78	68
A FLACE IN BALTIMORE, MARVAND, WHERE PRONOUNCED DEAD HULL MAJAC OF CIPTOR IN COLORING CONTINUOUS CONTINUOUS COLORING COLORING CONTINUOUS COLORING COLORION COLORING COLO	1. NAME OF DEC		Chanla	o Dr	21100	030										
FUND AMAIN OF CONTRIBUTION OF STREET  MORSHALL COLORING  853 EUTAW St.  858   7.86CE	4 PLACE IN BAL							DEATH	Estimot	ted 📙						а. м.
SECURITY NO.   S. SULTAW St.   S. SULTAW St.   S. SULTAW St.   S. SEL   S.	FULL NAME OF	(IF NO	IN HOSPITA	L OR INS				1	OUNCED DE	EAD						а.
### STARCE   S. MARRIED   NEVER MARRIED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   SETTER AND NUMBER   STAR ELLAW St.   STAR ELLA		ADDRE	SS OR LUCA	IION)					RESIDENCE	(Where		ved. If institu	ution: resi			
male white wide of property in the property of	00	853 Eut	aw St.					A. STATE	Mary1	land		B. COUNT	TY	2	20	/
P. DATE OF BIRTH	6. SEX	7. RACE		8. MARR	IED [	NEVER MARR	IED 🗌	C. CITY	OR TOWN			D. INSID	E CITY LI	MITS?		
Second   S		1											YES [	3	NO 🗆	
1. BIRTHPLACE(Sible or loreign country   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME WHAT COUNTRY   14. KIND OF BUSINESS OR INDUSTRY   15. MOTHER'S MAIDEN NAME   15. MOTHER NAME		Н	10. AGE (In	y)	# Und	der 1 Yr. 11 Under s i Doys i Hours	24 Hrs. 1 Min.	E. STREE								
Common		State and and			10 61	TITEN OF				Euta	w St.					
Second			n country)				?	13. FATH	K'S NAME							
15. MAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT   ADDRESS   ADDRE	done during most of v	PATION (Give working life, eve	kind of work en if retired)				IDUSTR	Y 15. MOTI	ER'S MAIDE	EN NAM	AE					
DISEASE OR CONDITION DIRECTIY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hoor tolay, eshable, of the mean the disease, lead to the mean the disease, hoor tolay, eshable, of the mean the disease, hour tolay of the disease, hoor tolay, eshable, of the mean the disease, hour tolay of the disease, and the disease, hour tolay of the disease of the disease, hour tolay of the disease of the disease, hour tolay of the disea	16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL		18. INFO	RMANT				ADDRE	SS		-
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (his does not mean the mode of dying, e.g., hoort claimer, chiening, icit, means the disease, injury or complication which coused death.)  Arteriosclerotic cardiovascular disease  (A)MMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE TERMINAL DISEASE OR CONDITION (ASI.)  COLLEGE SIDNIFICANT CONTINUES TO THE TERMINAL DISEASE OR CONDITION SENT (A)  DISEASE OR CONDITION GWEN IN PART (A)  DISEASE OR CONDITION GWENT FART (A)  DISEASE OR CONDITIO	7.7	(If yes, give w	or or dotes	of service	)		0	Mnc	Trana	K C	100k 1	06 001	o leha	RA		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hoort foliure, outhenilo, eff. it means the discose, injury or complication within coased death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITION SCONTRIBUTION OTHER DEPART BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TOWN PART 1 (A).  DIVER ON THE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITION SCONTRIBUTION OTHER DEPART BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION DIVER STOUTH CAUSE UNDERLYING CAUSE WAS UNDERLYING CONDITION TOWN PART 1 (A).  21A. AUTOPSY? (Yes or No) DO  22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 22C, WHERE DID (it in Boltimore City, give exact location)  UNDERLYING CAUSE OF DEATH.  DIVER (ADVINCE)  22B. FLACE OF INJURY (e.g., in or about 22C, WHERE DID (it in Boltimore City, give exact location)  DO  22C. THE (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURR WHILE AT OUT WHILE A		24							TI CHO .	11	AD GIR 9 1	OO Oal	dare	API	PROXIMATE IN	TERVAL
DISEASES OR CONDITIONS, IF ANY, GIVING REE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	(This does n	LEADING TO of meon the osthenio, etc.	DEATH mode of dy It means the	ing, e.g.,		(A)IMME	EDIATE	CAUSE			ascul.	ar dis	sease			
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR COUNTRIB- UNDERLYING OR CONTRIB- UNDERLY OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLY OR CONTRIBLE OR	DISEASES (	OR CONDITION  E ABOVE CAU  NG CONDITION  THE CONDIT	ONS, IF ANY USE (A) STA ON LAST.	, GIVING TING THE			TO, OR	AS A CON	SEQUENCE O	F:						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIBLE OR CONTRIBLE OR CONT	OTHER SIGN TO THE DEA DISEASE OR	NIFICANT CON	RELATED TO	THE TERM	INAL	Direction (see										
UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIBLE UNDERLYING OR CONTRIBLE UNDERLYING OR CONTRIBLE UNDERLYING OR CONTRIBLE UNDERLYING OR CONT	20A. DATE OF	F OPERATION	208. CON	NOITION	FOR W	VHICH OPERATI	ION W	AS PERFO	MED		18.5				PSY? (Yes o	or No)
OF INJURY (APPROX.)    Certify that I heid an Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner	UNDERLYING UTING □ CA	OR CONT	TRIB-		228. Pl home,	ACE OF INJUI	RY(e.g., eet, offic	in or obout e bldg., etc.)	22C, WHER INJURY OC	E DID (	il In Boltimo	re City, give	e exact loc	ation)		
Certify that I heid an Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion	OF INJURY	(Month) (D	оу) (Үеаг	) (Hou	W	IILE AT	NOT		22F. HOW	DID INJ	URY OCC	UR?				
CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DEPUTY Chief Medical Examiner 8/5/69  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial S/7/69  Lorraine Park Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DETY. BEST NAME OF MEDICAL EXAMINER 25C. FUNERAL DIRECTOR ADDRESS  Witzke AlQL Edmondson Ave., 21229	1 cert	23.  I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion														
NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 8/5/69  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial 8/7/69 Lorraine Park Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DETY.  25B. DATE REC'D BY HEALTH DETY.  25C. FUNERAL DIRECTOR ADDRESS  Witzke, AlQl Edmondson Ave., 21229	ACTUAL	117	1211	M	D	W)		AS	CHIEF MED	DICAL E	XAMINER				DATE SIGN	NED
Burial 8/7/69 Lorraine Park Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DETY.  AUG 1969 July 1969 Professor Park Cemetery Baltimore, Md.  25C. FUNERAL DIRECTOR ADDRESS  Witzke, AlQl Edmondson Ave., 21229	NAME (1	(ype) We:		. Spi				eputy	Chief	Medi	cal Ex		r		8/5/69	
25A. DATE REC'D BY HEALTH DETT. G. & P.SE NAME OF MEDITAR DIRECTOR ADDRESS  Witzke, Alol Edmondson Ave., 21229	REMOVAL (Speci	MATION, 2		9	240								lown, or c	ounty)	(Sto	te)
witzke Alui Edmondson Ave ., 21229		BY HEALTH D			AME S	F ME OSTRAR	rar			-	R					
	VS 151-REV. 1/1/6	3		1-		-9-0		W	itzke,	410	Edmo	ndson	Ave	., 2	1229	



	4M-426 69 786	BALTIMORE CITY  69 CERTIFICA	TE OF DEATH	REG. NO	69 7869				
- 11	I.NAME OF DECEASED			ID HOUR OF DEATH					
	(Type of Print) MARGARET MOL	ESWORTH		4-69	7 AM. M				
il	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONE	DUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If ins	titution; residence before admission				
	FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	Md. Balt	50.	2834 DE CITY LIMITS?				
-11	0:0101		BALTIMORE		YES NO				
	SINAL HOSPITAL of BI	ALTIMORE	E. STREET AND NUMBER 701 CHAPE	LGATE L	weeks broad				
	6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	T W WIDOWED		/ / /	80	Thers win.				
	IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND Of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore	gn country)	12. CITIZEN OF WHAT COUNTRY				
	none		Maryland		U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AE					
11	Vernay Xx		date date						
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates at service)	16. SOCIAL	17. INFORMANT		ADDRESS				
	and the state of salving	216-07-0375	James P. "olesv	orth, 8415 I	Bellona Lane				
1	18. 46.10	CAUSE OF DEATH		Ruxter	TOTOPE MA				
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(ANIMMEDIATE CAU	SE CARDIOGE	VIC SHOCK	15 hrs.				
	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE CAR DIOGENIC SHOCK 15 hrs.								
	ANTECEDENT CAUSES	Queles 1. H							
H	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	11/1/1010	Augl-death				
	rise to the above couse (A) stoling the UNDERLYING CONDITION tost.	10 ARTER	IOSCLEROTIC I	VASC. DISEAS	F Years.				
11	П	/ //***********************************		***************************************	*******				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	NONE.							
	DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?				
	21A. A CCIDENT WAS UNDERLYINO   21E   21E   21E   21E	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	ité la Reltimore	City, give exact location)				
	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CA	ne, torm, toctory, street, offi	ce bldg. INJURY OCCUR?	he in politingse	City, give exoct loconon;				
	O 21 D. TIME (Month) (Ooy) (Year) (Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJU	lav a cour					
	(APPROX.)	nile At Not While		rkt occok?					
Ш	Work At Work								
	22. I certify that (I) (this hospital) ottended t			069 to Aug	4 1969				
	that (#) (we) lost saw the deceased alive an	.)	19_ <u>Co_7</u> and the	t in(#) (our) apini	an death accurred an the date				
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED									
									MBoduhemer 1
	23C. PHYSICIAN'S NAME (Type)	44 D	3D. ADDRESS						
	MONTY BODENHEI	DEGREE	SINAI HO	SPITAL of	BALTIMORE				
	REMIOVAL (Specify)	AME of CEMETERY OF CREA		3.7	lown, or county! (State)				
	Burial 8/6/69 Lou	don Park Cemete	ery Balt	imore, Maryl	and				
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME.	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
			Witzke, 410k E	dmondson A e	21229				
· V	S 150-REV. 1/1/68	N. 1	4 1 1 1 4						



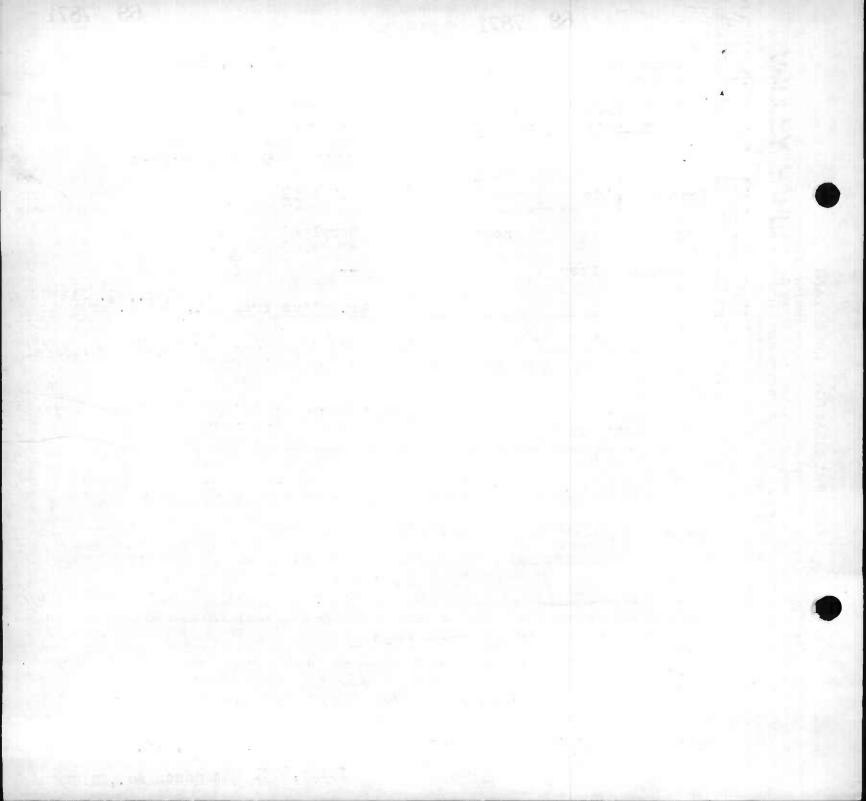
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES X NO 843 If Under IVYI. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 27043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Baltimare City, give exoct lacation) and that In (my) (our) opinion death accurred on the date 23 B. DATE SIGNED or countyl (Stote) ADDRESS



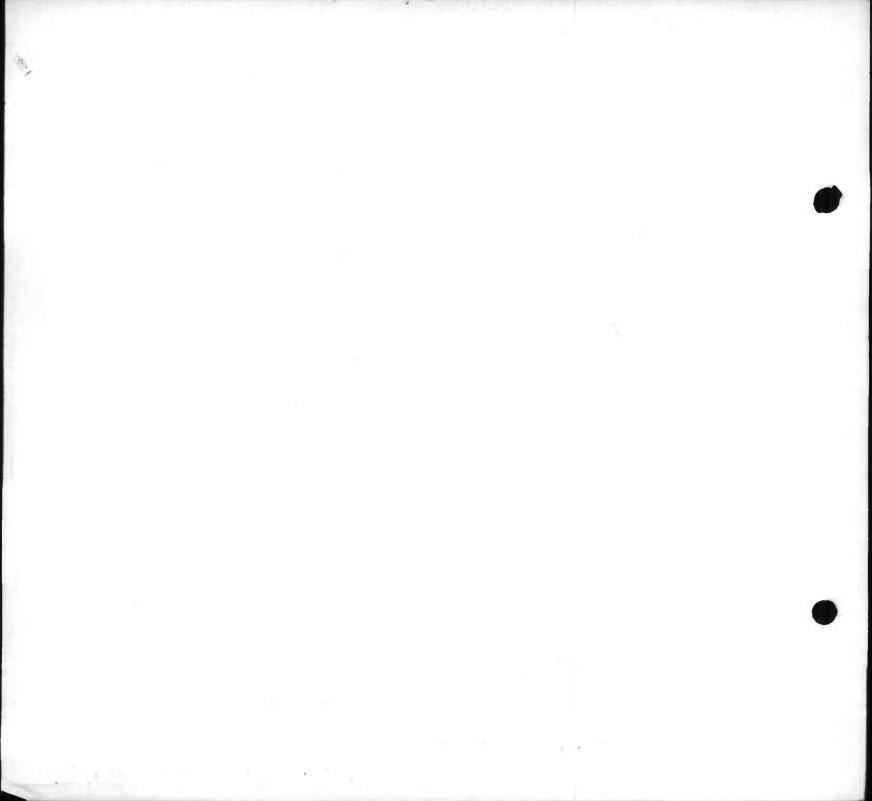
17	NAME OF DECEASED				2. DATE AND I			
(19	pe of Anna Freundel				Aug.	3, 1969		•
3.	PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUN	CED DEAD	4. USUAL RES	B. COUNTY	eceased lived. If i	nstitution: resi	idence bef
FL	ILL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTI	ION, GIVE STREET	Mary	land		2	210
H	STITUTION			C. CITY OR TO	WN	D. INS	IDE CITY LIM	ITS?
	7 Franklin Squ	uare Hos	spital	Baltimore			YES X	NO
,	36			E. STREET ANI		~ .	- 1151A	
					South C		reet	
	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF SIR	tost	AGE (In years birthday)	If Under I Months D	Yr. If
	Female   White	WIDOWED		9/19/1		76		
dar	A. USUAL OCCUPATION (Give kind of worms during most of working life, even if retired)	k 10B. KIND OF BI	USINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZE	N OF WH
	None	none		Maryl	and		USA	
13.	FATHER'S NAME	•		14. MOTHER'S	MAIDEN NAME	- 1)	,	
	Charles Delker				3	9/1-1	111	
15.	Wos Deceosed Ever in U. S. Armed Fo s, no or unknown) (If yes, give wor or dot	rces?	6. SOCIAL	17. INFORMAN	T	John Mark		DDRESS
пе	5, 110 OT UNKNOWN/ III yes, give wor or dot	es of Service)	SECURITY NO.	35.00 T 7	dan m. There are	Bal	to. Mo	21
-	18. / / / / / /		CAUSE OF DEA	Mr.Jul	Tus Fret	indel,14		Jarey
	(This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A)	s the diseose, d death.)	(A) IMMEDIATE CA	A CONSEQUENC		relio Vo	ember	۱۱. د
	heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES	s the diseose, d death.)	(B) / LUM	A CONSEQUENCE		***************************************	uulu	۱۱. د
TION	heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOTRELATED TO THE DEATH BUT NOTRELATED TO THE DEATH SUT NOTRELATED TO THE DEATH S	s the disease, dideoth.)  ony, giving stating the  ONTRIBUTING THE TERMINAL	(B) DUE TO OFF A	A CONSEQUENCES A CONSEQUENT		***************************************	multe	۱۱. د
CATIO	heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAIR 179. A DATE OF OPERATION 1798. CONDITION 1798. CONDITION 1798.	ony, giving stoting the ONTRIBUTING (HE TERMINAL RT. 1 (A).	(B) DUE TO OT A	S A CONSEQUENCE	use Ca	relix Va		
CATIO	heart failure, asthenia, etc. It means injury or complication which courses ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI	ony, giving stoting the ONTRIBUTING (HE TERMINAL RT. 1 (A).	(B) DUE TO OT A	S A CONSEQUENCE	CE OF: Leve	***************************************	FINDINGS C	ONSIDERE
AL CERTIFICATIO	heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAIR 179. A DATE OF OPERATION 1798. CONDITION 1798. CONDITION 1798.	ony, giving stoting the DNTRIBUTING HE TERMINAL RT 1 (A).	(B) DUE TO OT A	S A CONSEQUENCES A CONSEQUENCES	CE OF: LOUIS	DB. IF YES, WERE	FINDINGS C	ONSIDERE ATH?
EDICAL CERTIFICATIO	heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF OPERATION 198. CONWAS PER 1994. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatify medical examiner)	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A).  DITION FOR WHIFORMED  21B, PL home, etc.)	(B) DUE TO OR AS	20A. AUTOP	CE OF: LOUIS	DB. IF YES, WERE I CERTIFYING CA	FINDINGS CLUSES OF DE	ONSIDERE
CAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which couses ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION GIVEN IN PAID 19A-DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	ony, giving stoting the ONTRIBUTING THE TERMINAL RT 1 (A).  ONTRIBUTION FOR WHIFORMED    218. PL home, etc.,	(B) DUE TO OR AS  (B) DUE TO OR AS  (C) OPERATION  ACE OF INJURY (e.g., of form, foctory, street, of the property of the prope	20A. AUTOP	SY? (Yes or No) 20 IN	DB. IF YES, WERE I CERTIFYING CA	FINDINGS CLUSES OF DE	ONSIDERE ATH?
EDICAL CERTIFICATIO	heart failure, asthenia, etc. It means injury or complication which couses ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION GIVEN IN PAID 19A-DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examine)  21D-TIME (Month) (Day) (Year) OF INJURY (APPROX.)	ony, giving stoting the ONTRIBUTING HE TERMINAL RT 1 (A).  RIDITION FOR WHIFORMED  21B, PL home, etc.)  (Hour) 21E, IN While Work	(B) DUE TO OR AS  (C) OPERATION  ACE OF INJURY (e.g., form, foctory, street, control of the cont	20A. AUTOP	SY? (Yes or No) 20 IN Y OCCUR?	OB. IF YES, WERE CERTIFYING CA	FINDINGS CLUSES OF DE	ONSIDERE
EDICAL CERTIFICATIO	heart failure, asthenia, etc. It means injury or complication which courses ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above course (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO 10 DISEASE OR CONDITION GIVEN IN PAIL 1994. DATE OF OPERATION 1998. CON WAS PER  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)  21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	ony, giving stoting the only giving	(B) DUE TO OR AS  (C) OPERATION  ACE OF INJURY (e.g., form, foctory, street, control of the cont	20A. AUTOP	SY? (Yes or No) 20 IN YOCCUR?  OW DID INJURY	OB. IF YES, WERE I CERTIFYING CA	FINDINGS CI LUSES OF DE re City, give e	ONSIDERE ATH?
EDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which course ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAIR 19A. DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inabify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this baspital that (I) (we) last saw the decease	ony, giving stating the only, giving stating the only of the terminal right of the termi	(B) DUE TO OR AS  (B) DUE TO OR AS  (C) CONTROL OF AN	20A. AUTOP	SY? (Yes or No) 20 WHERE DID Y OCCUR?  OW DID INJURY	OB. IF YES, WERE CERTIFYING CA	FINDINGS CI LUSES OF DE re City, give e	ONSIDERE ATH?
EDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which course ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO 10 DISEASE OR CONDITION GIVEN IN PAIN 19A. DATE OF OPERATION 198. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH Inabity medical examine)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this baspital that (I) (we) last saw the decease and haur and fram the causes sta	ony, giving stating the only, giving stating the only of the terminal right of the termi	(B) DUE TO OR AS  (B) DUE TO OR AS  (C) CONTROL OF AN	20A. AUTOP	SY? (Yes or No) 20 WHERE DID Y OCCUR?  OW DID INJURY	OB. IF YES, WERE I CERTIFYING CA	FINDINGS CLUSES OF DE	ONSIDERE ATH?
EDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which course ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAIR 19A. DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inabify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this baspital that (I) (we) last saw the decease	ony, giving stating the only, giving stating the only of the terminal right of the termi	(B) DUE TO OR AS  (B) DUE TO OR AS  (C)	20A. AUTOP: in or obout 21C. Woffice bldg., INJUR 21F. H	SY? (Yes or No) 20  WHERE DID Y OCCUR?  OW DID INJURY  and that infter death.	OB. IF YES, WERE I CERTIFYING CA	FINDINGS CI LUSES OF DE re City, give e	ONSIDERE ATH?
EDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which couses ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO TO THE DEATH SIGNIFICANT OF THE CONTINUENT OF THE CONTINU	ony, giving stating the only, giving stating the only of the terminal right of the termi	(B) DUE TO, OR AS  (B) DUE TO DIVA  (C) DUE TO DIVA  (C) CONTROL OF AN	20A. AUTOP	SY? (Yes or No) 20  WHERE DID  Y OCCUR?  OW DID INJURY  and that i	OB. IF YES, WERE I CERTIFYING CA	FINDINGS CLUSES OF DE	ONSIDERE ATH?
MEDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION GIVEN IN PAI 19A. DATE OF OPERATION 198. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH Inotify medical examine)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this bospital that (I) (we) last saw the decease and haur and fram the causes stated	ony, giving stating the only, giving stating the only of the terminal right of the termi	(B) DUE TO, OR AS  (B) DUE TO DIVA  (C) DUE TO DIVA  (C) PROPERATION  ACE OF INJURY (e.g., or	20A. AUTOP: in or obout 21C. Woffice bldg., INJUR 21F. H	SY? (Yes or No) 20  WHERE DID Y OCCUR?  OW DID INJURY  and that infter death.	OB. IF YES, WERE I CERTIFYING CA	FINDINGS CLUSES OF DE	ONSIDERE ATH?
MEDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAIR 19A. DATE OF OPERATION 198. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH Inabity medical examine)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this baspital that (I) (we) last saw the decease and haur and fram the causes sta 23A. SIGNATURE	ony, giving stoting the only, giving stoting the only, giving stoting the only of the terminal representation of the termina	(B) DUE TO, OR AS  (B) DUE TO DIVA  (C) DUE TO DIVA  (C) PROPERATION  ACE OF INJURY (e.g., or	20A. AUTOP	SY? (Yes or No) 20  WHERE DID Y OCCUR?  OW DID INJURY  and that infter death.	OB. IF YES, WERE I CERTIFYING CA  (If in Boltimo  OCCUR?  Tta Con(my) (our) opi	FINDINGS CLUSES OF DE	ONSIDERE ATH?  exoct locotl  occurred
MEDICAL CERTIFICATIO	heart foilure, osthenio, etc. It means injury or complication which couses ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION Tost.  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAIR OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stated that (I) (we) Instrument of the couse stated that (I) (APPROX.)  A. BURIAL CREMATION, 1248. DATE	ony, giving stoting the only, giving the on	(B) DUE TO OR AS  (B) DUE TO OR AS  (C) OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, form, foctory, street, form, foctory, form, foctory, foctory, for	20A. AUTOP:  20A. AUTOP:  20A. AUTOP:  21F. H  21F. H  21F. H  21F. H  21F. H  22F. H  23D. ADDRESS  22D. ADDRESS  22D. ADDRESS  22D. ADDRESS	SY? (Yes or No) 20  SY? (Yes or No) 20  WHERE DID  Y OCCUR?  OW DID INJURY  G and that infer death.  Med. Shafe  Washus  24D. LOCA	OB. IF YES, WERE I CERTIFYING CA  (If in Boltimo  OCCUR?  Tta Con(my) (our) opi	FINDINGS CLUSES OF DE re City, give e	ONSIDERE ATH?  exoct locotl  occurred



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Underermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11.	K-640 69 12879 BALTIMORE CITY	HEALTH DEPARTMENT
1	69 7872 CERTIFICA	TE OF DEATH X REG. NO. 38 -23 - 09
	IAME OF DECEASED	2. DATE AND HOUR OF DEATH
	De or Print KROLL, CARROLL-HOMER	August - 3- 1969-15 P.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION ADDRESS OR LOCATION)	MARYLAND 706 MONTGOMENILORDES
	MARYLAND - unixersity Hospital	Bulto 6, YES NO
	3	E. STREET AND NUMBER 706 MONT GOMERY ROAD.
5.	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His.
	WIDOWED DIVORCED	1-20-1710
don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY educing most of working life, even if retired)	
134	wilding Super Vistor Building Super	il S-A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HARLES (CICOLL	JAdie-ZEPP
15. (Ye	Was Deceased Ever in U. S. Armed Forces?  [16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		ROSTAM FARDIN M.D unixestity Hosy
	18. 7 8 2, 4 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ll	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	RE Heart FAILure 7 0040
	1This does not meen the made of dying, e.g. (A) IMMEDIATE CAU	A CONSEQUENCE OF:
	heart foilure, aslhenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	(9)	
10N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTI	21% ACCIDENT WAS UNDERLYING 21% PLACE OF INJURY (e.g., i)	n or about 21 C. WHERE DID (If In Baltimare City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF home, fam, foctory, street, off etc.)	fice bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
\$	OF INJURY IAPPROX.) While At Not While	
	Work L.J. At Work  22. 1 certify that (1) (this hospital) attended the deceased from	
		1919
	ond haur and from the couses stated above. (1) (We) (did) (did not) vi	lew the hady after death
	23A. SIGNATURE	238. DATE SIGNED
	Wostan far an M' ) DEGREE Phys	nding Med. Staff Director Phys. 2 8-3-69
	DEGREE .	3D. ADDRESS
	ROSTAM - FAICHIN MILL	unixersity Hospitol. Bard. Md.
24A	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CRE	
1	Burial Aug.7,1969 Meadowridge Ceme	
25A	HUGO JOS Jabes 2. Marse REAL DAR	25C. FUNERAL DIRECTOR Harry H. Witzke, 4112 Columbia Pike, Ellicott
1	50-DEV. 1/1/68	City, Md.

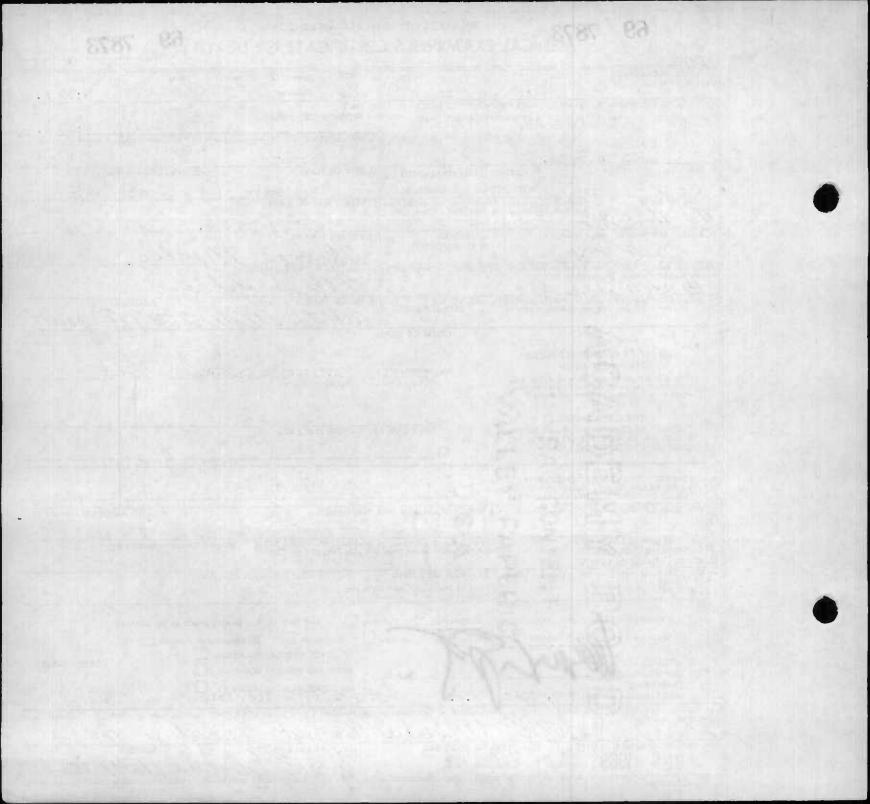


69 7873

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 7873

1. NAME OF D										
( or)		linch	oth Chart	2. DATE OF	Known 🔀	Month	Doy	Year	Hour	
4 DIACE IN D	ALTIMORE, MARYLAND,	lizab	eth Stanton	DEATH	Estimated 🗌	8	4	69	9:30	a. M.
FULL NAME OF	(IF NOT IN HOSPI	TAL OR IN	STITUTION, GIVE STREET	3. DATE PRONO	JNCED DEAD	Month	Day	Year	Haur	
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)				8	4	69	9:30	а. м.
00				5. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY						ssion)
00	625 Faith La			N. SIAIL	Maryland		B. COUNTY		XA	7
6. SEX	7. RACE		RIED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	00	
female	colored	WIDO	WED DIVORCED		Baltimor	0		ES 🔀	No 🗆	
9. DATE OF BIR		in years	If Under 1 Yr. II Under 24 Hrs.	E. STREET	ND NUMBER			E3 [A]	NO	
March	22 196 asi birthd	63	Months Days Hours Min.		1625 Fai	th Asse				
II. BIRTHPLACE	(State or foreign country)	- 05	12. CITIZEN OF	13. FATHER		LII AVE	2.			
101	es ml		WHAT COUNTRY?	7/		102	1 1.			
4A.USUAL OCC	UPATION (Give kind al worl	148. KIN	D OF BUSINESS OR INDUSTR	VIS MOTHE	O'S MAIDEN NAM	-//	pall	4		
and dor and most of	Moterud hie's Agu Histiliad	4	or residence of history		11	1_ 1		7,		
THUS	ew ife			CE	len y	nen	ROW			
Yes, no or unknow	SED EVER'IN U.S. ARME	D FORCE	SP 17. SOCIAL SECURITY NO.	IB. INFORA	MANT	, ,	A	DDRESS	•	,
		0, 20, 1, 10	JECOKII I NO.	lille	ota, IT	11/10	,203	9/1.		11:
19.	1 / / V		CAUSE OF DEA	TH	un pra	nen	200	1 GL	PROXIMATE IN	TERVAL
1 / /	71		0.1001 0.1 0.1						EEN ONSET A	
DISEA	SE OR CONDITION DIRE	ECTLY								
100	LEADING TO DEATH		(A)IMMEDIATE	AUSE Me	tastatic o	rarcir	oma of	hraget		
heart follur	not mean the mode of de e, osthenio, etc. Il means th	ylng, e.g.,		S A CONSEQ	UENCE OF:	041011	TOMA OI	DIEGGE		
Injury or co	mplication which caused de	oth.)								
	NTECEDENT CAUSES		(B)							
DISEASES PISE TO TH	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLY	NG CONDITION LAST.	IIING INE								
ó			(C)							
OTHER SIG	11	ch i two in i c								
TO THE DE	NIFICANT CONDITIONS C	ONTRIBU	TING							
I DIEPARE	R CONDITION GIVEN IN P	ART I (A)								
EL DISEASE O				C DEDECONI		-		1		
20A. DATE O	F OPERATION 20B. CO	NOITION	FOR WHICH OPERATION W	72 PEKLOKW	ED				DEVA /You a	e Na)
DISEASE O	F OPERATION 20B. CO	NDITION	FOR WHICH OPERATION W	2 PEKPOKM	ED			21. AUTO	PSY? (Yes o	r Na)
									PSY? (Yes o	r Na)
Z 22A. EXTER	NAL CAUSE WAS		22B. PLACE OF INJURY(e.g.	in or about 2:	C WHERE DID //	in Boliimai	e City, give exa			r Na)
22A. EXTER UNDERLYING	NAL CAUSE WAS			in or about 2:	C WHERE DID //	in Boliimai	e City, give exa			ir Na)
22A. EXTER UNDERLYING UTING CA	NAL CAUSE WAS		228.PLACE OF INJURY(e.g., home, farm, factory, street, affice	in ar about 2: bldg., eic.)	C. WHERE DID (IF					r Na)
22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		228. PLACE OF INJURY (e.g., home, form, factory, street, afficing)  r) 22E. INJURY OCCURRED WHILE AT NOT	in ar about 2: bldg., eic.)	C WHERE DID //					r Na)
22A. EXTER UNDERLYING UTING CA	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		22B. PLACE OF INJURY(e.g., home, form, factory, street, affice	in ar abaut 22 bldg., eic.) IN 22	C. WHERE DID (IF					r Na)
222A. EXTER UNDERLYING UTING CO 22D. TIME OF INJURY (APPROX.) 23,	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Year	r) (Hou	228. PLACE OF INJURY (e.g., home, form, factory, street, afficient)  r) 22E. INJURY OCCURRED  WHILE AT NOT AT W	in ar about 27 bldg., eic.) IN	C. WHERE DID (IIII) INJURY OCCUR?	JRY OCCL	JR?	ct location)		r No)
222A. EXTER UNDERLYING UTING CO 22D. TIME OF INJURY (APPROX.) 23,	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Year		228. PLACE OF INJURY (e.g., home, form, factory, street, afficient)  r) 22E. INJURY OCCURRED  WHILE AT NOT AT W	in ar abaut 22 bldg., eic.) IN 22	C. WHERE DID (IF	JRY OCCL	JR?	ct location)		r No)
22A. EXTER UNDERLYING UTING C.22D. TIME OF INJURY (APPROX.)  23.	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Year	r) (Hou	228. PLACE OF INJURY (e.g., home, form, factory, street, afficient)  r) 22E. INJURY OCCURRED  WHILE AT NOT AT W	in ar about 2: bldg., eic.) IN  WHILE  OPSY	C. WHERE DID (IIII) INJURY OCCUR?	JRY OCCL	JR? death in my	ct location)		ir Na)
22A. EXTER UNDERLYING UTING C. 22D. TIME OF INJURY (APPROX.)  23.  1 cer resul	NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Year tify that I held on I	r) (Hou	228. PLACE OF INJURY(e.g., home, farm, factory, street, affice of the control of	in ar about 2: bldg., etc.) IN  WHILE ORK  OPSY Hall	ec. WHERE DID (HIJURY OCCUR?  F. HOW DID INJURY  and that on this	JRY OCCL	JR?	ct location)		ir Na)
22A. EXTER UNDERLYING UTING CO 22D. TIME OF INJURY (APPROX.) 23, 1 cer resul	NAL CAUSE WAS GOOR CONTRIBAUSE OF DEATH. (Month) (Doy) (Year tify that I field on I ted fram: Natural cau	r) (Hou	228. PLACE OF INJURY (e.g., home, farm, factory, street, affice of the street, affice of	in ar about 2: bldg., etc.) IN WHILE   2: OPSY   Grant   Construction   Construct	ec. WHERE DID (HIJURY OCCUR?  F. HOW DID INJURATION OF THE PROPERTY OF THE PRO	JRY OCCU s basis, ndetermin	JR? death in my	ct locotian)		
22A. EXTER UNDERLYING UTING C 22D. TIME OF INJURY (APPROX.)  23,  I cer resul ACTUAL SIGNAT	NAL CAUSE WAS GOOR CONTRIBAUSE OF DEATH. (Month) (Doy) (Year tify that I held on I ted fram: Natural cau	r) (Hou	228. PLACE OF INJURY(e.g., home, farm, factory, street, afficer)  22E. INJURY OCCURRED  WHILE AT NOT AT W  Inspection X Automatical Suicides  M.D.	in ar about 2: bldg., etc.) In WHILE 2: WHO PRK 4  OPSY 6  ASSIS	ec. WHERE DID (III)  IF. HOW DID INJU  and that on Ihi inicide U  HIEF MEDICAL EX	JRY OCCU s basis, ndetermin AMINER AMINER	death in my	ct locotian)	no	
22A. EXTER UNDERLYING UTING C 22D. TIME OF INJURY (APPROX.)  23,  1 cer resul  ACTUAL SIGNAT EXAMIN NAME (	ENAL CAUSE WAS GOOR CONTRIBAUSE OF DEATH.  (Month) (Doy) (Year of the following of the foll	r) (House	228. PLACE OF INJURY (e.g., home, farm, factory, street, affice of the street, affice of	in ar about 2: bldg., eic.) IN  WHILE	ec. WHERE DID (HIJURY OCCUR?  F. HOW DID INJURY  and that on this micide U  HIEF MEDICAL EX  JATE MEDICAL EX  LET MEDICAL EX	JRY OCCU s basis, ndetermin AMINER AMINER	death in my	ct locotian) apl nl an	no	
22A. EXTER UNDERLYING UTING C. 22D. TIME OF INJURY (APPROX.)  23.  1 cer resul  ACTUAL SIGNAT EXAMIN NAME (	tify that I held on I ted fram: Natural cau	r) (House	228. PLACE OF INJURY(e.g., home, farm, factory, street, afficer)  22E. INJURY OCCURRED  WHILE AT NOT AT W  Inspection X Automatical Suicides  M.D.	in ar about 2: bldg., eic.) IN  WHILE	ec. WHERE DID (III III) OCCUR?  IF. HOW DID INJU  and that on thi inicide U  HIEF MEDICAL EX IANT MEDICAL EX	JRY OCCU s basis, ndetermin AMINER AMINER	death in my med monner [	apinian	DATE SIGN	IED
22A. EXTER UNDERLYING UTING C 22D. TIME OF INJURY (APPROX.)  23,  1 cer resul  ACTUAL SIGNAT EXAMIN NAME (	tify that I held on I ted fram: Natural cau	r) (House	228. PLACE OF INJURY (e.g., home, farm, factory, street, affice of the street, affice of	in ar about 2: bldg., eic.) IN  WHILE	ec. WHERE DID (III III) OCCUR?  IF. HOW DID INJU  and that on thi inicide U  HIEF MEDICAL EX IANT MEDICAL EX	s basis, ndetermin AMINER AMINER AMINER	death in my med monner [	ct locotian) apl nl an	DATE SIGN	IED
22A. EXTER UNDERLYING UTING C. 22D. TIME OF INJURY (APPROX.)  23.  1 cer resul  ACTUAL SIGNATI EXAMIN NAME (  14A. BURIAL CRE REMOVAL (Spec	tify that I field on I field fram: Natural cau	r) (House Spit	22B. PLACE OF INJURY (e.g., home, farm, factory, street, affice to the property of the propert	in ar about 2: bldg., eic.) IN  WHILE	ec. WHERE DID (III III) OCCUR?  IF. HOW DID INJU  and that on thi inicide U  HIEF MEDICAL EX IANT MEDICAL EX	s basis, ndetermin AMINER AMINER AMINER	death in my med monner [	apinian	DATE SIGN	IED
22A. EXTER UNDERLYING UTING C. 22D. TIME OF INJURY (APPROX.)  23.  1 cer resul  ACTUAL SIGNATI EXAMIN NAME (  14A. BURIAL CRE REMOVAL (Spec	tify that I held on I ted fram: Natural cau	r) (House	228. PLACE OF INJURY(e.g., home, farm, factory, street, afficer)  22E. INJURY OCCURRED  M. WHILE AT NOT AT W  Inspection X Autority  Accident Suicid  M.D.  24C. NAME of CEMETERY  AME OF REGISTRAR	opsy Assos	ec. WHERE DID (III III) OCCUR?  IF. HOW DID INJU  and that on thi inicide U  HIEF MEDICAL EX IANT MEDICAL EX	s basis, ndetermin AMINER AMINER AMINER	death in my ned monner [	apinian	DATE SIGN	IED
22A. EXTER UNDERLYING UTING C. 22D. TIME OF INJURY (APPROX.)  23.  1 cer resul  ACTUAL SIGNAT EXAMIN NAME (  14A. BURIAL CRE	tify that I field on I field fram: Natural cau	r) (House	228. PLACE OF INJURY(e.g., home, farm, factory, street, afficer)  22E. INJURY OCCURRED  M. WHILE AT NOT AT W  Inspection X Autority  Accident Suicid  M.D.  24C. NAME of CEMETERY  AME OF REGISTRAR	opsy Assos	and that on this micide U UHIEF MEDICAL EXTANT MEDI	s basis, ndetermin AMINER AMINER AMINER	death in my ned monner [	apInIan  8, , ar caunty)	DATE SIGN	IED
22A. EXTER UNDERLYING UTING C. 22D. TIME OF INJURY (APPROX.)  23.  1 cer resul  ACTUAL SIGNAT EXAMIN NAME (  14A. BURIAL CRE	ENAL CAUSE WAS GOOR CONTRIBAUSE OF DEATH.  (Month) (Doy) (Year Matural Cause of Death and Death	r) (House	22B. PLACE OF INJURY (e.g., home, farm, factory, street, affice to the property of the propert	opsy Assos	and that on this micide U UHIEF MEDICAL EXTANT MEDI	s basis, ndetermin AMINER AMINER AMINER	death in my ned monner [	apInIan  8, , ar caunty)	DATE SIGN	IED



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	1	) , -				BAI	LTIMORE CITY	HEALTH I	DEPARTMENT		21	9	
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		or Print)	111	elle	1.	Des	aie)			8-4-6	9	6. 8m	) M.
	3. PL	ACE IN BALT	IMORE, M	ARYLAND, W	HERE PRO	NOUNCED DE	AD	4. USUAL A. STATE	RESIDENCE (W	here deceased lived. If	institution: re	sidence before odmis	ssion)
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4	15. W (Yes.	no or unknown)	(If yes, giv	S. Armed For	rces?	1 6. SOCIA	AL RITY NO.	17. INFO				ADDRESS	
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0	0.0.	Burial	84 H-11-	8/8/69		67 0	ven Ceme		INION AL TANT	Glenburn			
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BIRT	H NO.		7875	DEATH	REG.		69	7875		
	e or Print)	Mary C. Sort	ino	4		August			1 6	.35 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						4. USUAL RESIDENCE (Where deceased lived, If institution: residence before adm A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						Maryland 2102				
						C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
(DOA) Union Memorial Hesp.					Baltimore YES X NO					
9	4					Harford Re	ad			
. SI	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	- 11	GE (In ye	ors I	f Under 1 Yr. Nonths: Doys	If Under 24 Hrs
e	male	caucasian	WIDOWED	DIVORCED [	June 1	3, 1892.	bii iii doy?	77		
OA.	USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL		country)	1	2. CITIZEN O	F WHAT COUNTR
	House	working life, even if retired)				Italy			US	A
3. F	ATHER'S NA				14. MOTHER	S MAIDEN NAME				
		Angelo	DiBlasi				Ma	rcella	Ramon	di
5. V Yes,	No Deceased	d Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 215-22-6221D	Mr. Je	oseph C. So	rtino	,1220	E. Bel	
	DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if ie obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	ony, giving stoting the NTRIBUTING HE TERMINAL	(B)		ENCE OF:				
			DITION FOR	WHICH OPERATION	20 A. AUT	OPSY? (Yes or No) 2	OB. IF YES,	WERE FIN NG CAUSE	DINGS CON	SIDERED 1?
CAL	OR CONTRIB	INT WAS UNDERLYING DUTING CAUSE OF y medicol exomined	21 B. hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street, o	n or obout 210 ffice bldg., INJ	URY OCCUR?	(If in	Boltimore C	lity, give exoc	t locotion)
0	21 D. TIME OF INJURY	(Month) (Doy) (Yeoi)		INJURY OCCURRED		HOW DID INJURY	OCCUR?			
<	(APPROX.)		Wo	ile At Not Whi			_		14.	C.S.
	22. I certify that (I) (this haspital) attended the deceased from 7-12 1965 to 5-11 1969									
	that (1) (we) lost saw the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 and that in(my) (our) opinion deoth occurred on the deceased olive on 5 // 19 /									curred an the da
and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady ofter death.								NEO		
	Attending Phys. Director Phys. 23B. DATE SIGNED 7 8/5/69.									
23C. PHYSICIAM'S NAME (Type)  Selvature  OEGREE  1.19.  DEGREE  1.19.  OEGREE  OEGREE  OEGREE  OEGREE  OEGREE										
24A	REMOVAL	(Specify)		AME of CEMETERY OF CR		24D. LOCA	ATION	(City,	town, or cour	nty) (Stote)
	Burial	8/9/69	. Hol;	y Redeemer Cen	-		Bal	<b>timor</b> e		
25A	DATE REC'E	1969 Robert E	258. NAME C	F REGISTRAR		NERAL DIRECTOR	le Tu	D-7		DDRESS
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1. NAMI			CLIZABE	TH Lo	ckbaum	Tools.	300		t 4, 1969		11.30 p.
	AME OF	(IF NO		TAL OR INS			Maryla	nd	e deceased lived, if TY	institution: resid	dence before admission
INSTITU	TION			ad St.			Baltim  E. STREET A	ore	D. IN	VES A	NO 🗌
C	20							omestead	St.		
s. SEX	ale	white		WIDOWE	D 🗌	ER MARRIED		3, 1890.	9. AGE (In years lost birthdoy) 78	If Under 1 Months De	Yr. If Under 24 Hrs bys Hours Min.
done duri		orking life, e	ve kind of wo even if refired) tired)		OF BUSINE	SS OR INDUSTR	Balti	more, Md	,	USA	OF WHAT COUNTR
3. FATE	IER'S NAN		arles	Warnek			14. MOTHER	S MAIDEN NAM		eth Raum	0
Yes, no	Deceased runknown)	Ever in U. (If yes, giv	S. Armed Fo	orces? tes of service	215-	07-5107	Mr. Fr	ank B. Lo	ckbaum		Same)
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH NAME OF DECEASED Harrison (Type or Print) Christopher 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES X NO 4601 Schley Avenue E. STREET AND NUMBER 4601 Schley Avenue 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. S. SEX 6. RACE MARRIED NEVER MARRIED Hours Male White March 21,1890. WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) B.& O. R.R. Virginia USA Retired Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Harrison Russ Rosa Barger 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Mrs. Gertrude Harrison (Same) No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the obove couse (A) stating the UNDERLYING CONDITION lost. II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) DEATH (natify medical exominer) MEDI 21 D. TIME (Month) (Day) (Year) (Haut) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (wa) last saw the deceased alive an and that in (my) (our)-opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23B. DATE SIGNED Attending M Med. Staff Phys. Director L approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, tawn, ar county) REMOVAL (Specify) Parkwood 258. NAME OF REGISTRAS E. Valles, M.D. 8-8-69 2SC. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Leonard J. Buck, Inc. Balto. Md. 21214

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1	(A)	TE OF DEATH REG. NO. 69 7878				
f death eceased on the h. Such	T. NAME OF DECEASED (Type or Print)  MILDRED E. BROWN	5 Aug 1969 2:35 Am				
D Co	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE & COUNTY  MD BALTIMORE				
contributing cause termined cause; treaular attenda ceased prior to dais made.	THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN  BALT I MORE  E. STREET AND NUMBER  1718 EDGEWOOD RD.  D. INSIDE CITY LIMITS?  YES				
	BALTIMORE, MARYLAND 21205  5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 9. AGE (in years   Il Under 1 Yr.   Il Under 24 His.   Months Doys   Hours   Min.				
ndeterr s in red deceas	F   WIDOWED   DIVORCED     10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most af working life, even it retired)   OWN HOME   HOMEMAKER   XEXIXIBEOX					
(4) U wa the ispos	13. FATHER'S NAME STEWART A. ELLIS	MARY M. HINKLE				
the di kind; death nce on final d	15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (II yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 098092156	17. INFORMANT ADDRESS L.P. BROWN SAME				
fany nced enda d or	DISEASE OR CONDITION DIRECTLY	calcemia + electroly te im us set and DEATH				
acture o pronou ular att	injury at camplication which caused death.)	A CONSEQUENCE OF:				
exami (3) A fr n who in reg s are e	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.	aconsequence of: tasis of RLLobe of Lung I week				
hedical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
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re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, farm, loctory, street, all DEATH (natily medical examiner)	ice bldg., INJURY OCCUR?				
r nature; ccept whe nd (6) No	21D. TIME (Month) (Doyl (Yearl (Hour) 21E, TNJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?				
sed to the ant of any spital (ex eath); a ust be ob	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 1 (We) (did (did not) vi	19 67 ta AV 9 5 19 67 19 69 19 69 and that in (my) (aur) apinion death accurred an the date				
was released An accident o A. at a hospita prior to death pproval must	23A. SIGNATURE  Attended Attended Physics  Atten	ading Med. Shoff PO				
07-51	SEYMOUR LEVINE	THE JOHNS HOPKINS HOSPITAL				
D.O.	REMOVAL (Specify)	CHURCH MIFFLINTOWN PA.  [25C. FUNERAL DIRECTOR ADDRESS]				
show was dece	AUG 6 1969 Robert & Jacker M.D., VS 150-REV. 1/1/68	H.W. JENKINS & SONS CO., BALTO., MD.				

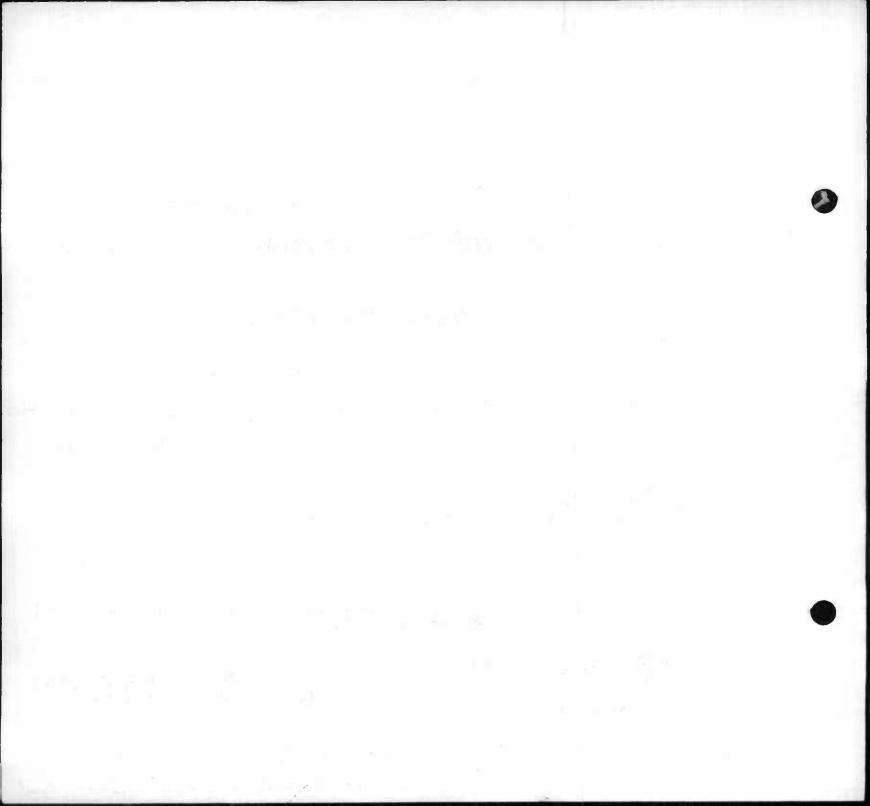
Hyperceliania + electrolyte im + days

Squemous Cell Carrinoma it the 3 minths

Relates of Rebote of Lung 1 week

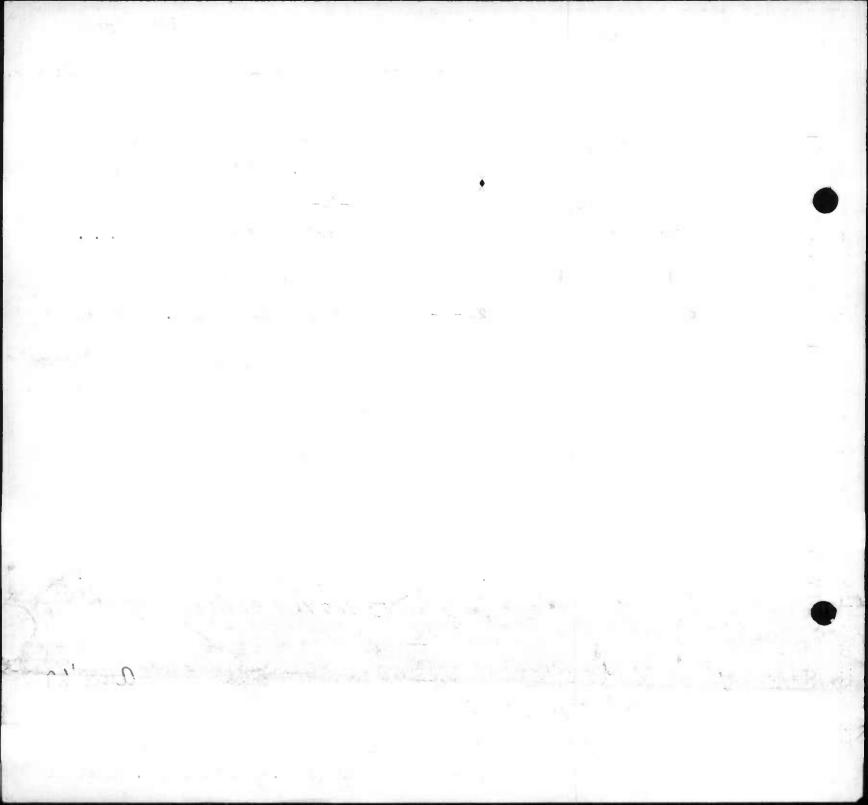
No

	1-6/0 69 7879 CERTIFICATE OF PEATLE PEG NO. 69 7879
Such	69 7879 CERTIFICATE OF DEATH
5	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
.	Annette Thorpe Avgust 1, 1969 2:50 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE B. COUNTY
- 11	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  MARYLAND BALTIMORE CITY 908
W	NSIDE CITY LIMITS?
	E. STREET AND NUMBER
	2206 CECIL AVENUE 21218
5	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BURTH 9. AGE (in years lif Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
-	A HELLA COSCULATION (S. L.
4	one during most of working life, even if refired)
Ī	Openator Electric Co. Roxbaro, N.C. U.S.A
	PAUL RPANCHER
ī	SARAH COUSTNS
110	(es, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
╟	18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	(This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE CATOLOGIAMOVATY 9 TEST 35 min
	lievii ioliuta, dainanio, etc. Il medis me diseosa.
	ANTECEDENT CAUSES  POSSIBLE ALLER C. A. L. C. C. A. L. C.
	DISEASES OR CONDITIONS, if any giving DUE to, OR AS ACONSEQUENCE OF:
	underlying condition last. (c) chronic, subject and acute P.I.D. 8 days
l	(c) with the continuous and according to the continuous and ac
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
1 4	L IDISEASE OR CONDITION GIVEN IN PART 1 (A).
-	19A. Date of operation 19B. Condition for which operation 20A. Autopsy? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.
1	218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II In Baltimore City, city over lecation)
14.0	OR CONTRIBUTING CAUSE OF home, loctory, street, office bldg. NJURY OCCUR?
4	21D. TIME (Monih) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
1	(APPROX.)  While At Not While Not Work  At Work
	22. I certify that (i) (this hospital) attended the deceased from 14 19 19 19 to Avgust 1 19 69
	that (i) (we) last saw the deceased alive an August 1969 and that in (my) (aur) apinian death accurred on the date
	and haur and from the causes stated above. (i) (We) (did) (dld not) view the body after death.
	23A. SIGNATURE M.D. Attending Med. Stoff FO
l	DEGREE Phys. Director Phys. AUQ1/57
	NAME (Type) Land (1)
2	DEGREE
1	(A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
1	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 250, FUNERAL DIRECTOR ADDRESS.
7	166 1969 Pole E. Jale no 9 0 0 0 (20 AV 10 Figure 14M. 275 1 Ex St.
7	5 150-REV, 1/1/68



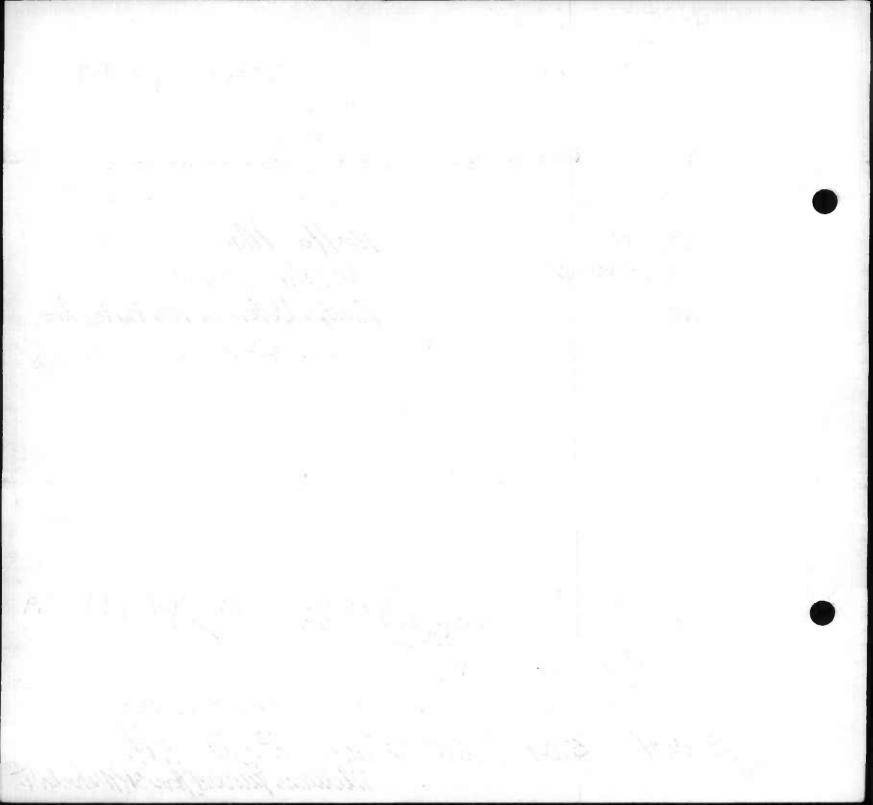
VS 150-REV. 1/1/68

(Stote)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1/-1/55 BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO 58-18/13 69 7881 CERTIFICA	TE OF DEATH REG. NO. 69 7081
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	HILLMON, Karen	745pm July 31, 1969 m.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /y03
	INSTITUTION	C.CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES  NO
	The Johns Hopkins Hospital	E. STREET AND NUMBER
		17 S. Fulton Avenue 21223
	MAKKED NEVER MAKKED	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Haurs; Min.
-	Female Negro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY)	9/5/68   10 27
	done during most of working life, even if retired)	n 11 M1
	13. FATHER'S NAME	14. MOTRER'S MAIDEN NAME
	antrover	An and Mally
	15. Was Deceased Ever in U. S. Armed Forces? 11.6. SOCIAL 17	17. INFORMANY ADDRESS
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Plado Polar 100 Fld Jun
	18. 24. 2 1 CAUSE OF DEATH	LICULUS COLOMICEN /STUTOM/TVE
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	(A)IMMEDIATE CAUS	E UVIUS
	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.]	CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A	CONSEQUENCE OF:
	rise to the obove cause (A) stating the UNDERLYING CONDITION tast. (C)	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  FIDISEASE OR CONDITION GIVEN IN PART 1 (A)	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OP CONTRIBUTING CAUSE OF	or about 21 C. WHERE DID III In Baltimore City, also exect legation
	DEATH (notify medical examiner) etc.)	Ce ord? IMARKI OCCUR!
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At I Not While	21F. HOW DID INJURY OCCUR?
	(APPROX) While At Not While At Work	5
		19 60 July 3 19 69
	that (f) (we) last saw the deceased alive an	19and that in (my) (por) opinion death accurred on the date
	and have and from the causes stated above. (1) (Wa) (did) (and not) vie	ew the body after death.
	23A. SIGNATURE AMENDA	ding Med. Staff
	Phys.	Jing Med. Shaff Director Phys. D. ADDRESS
	23C.PHYSICIAN'S NAME (Type) Darrell V. Lewis, M.D	The Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF CREM	
	BASINI RESTINIO MA (USCINA)	Mus Balla Phi
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNESAL DIRECTOR ADDRESS
	AUG 6 1969 Robert & Jaber Mil 0 0	VILLEGUAL DEUNCIAN Home 3194 Schor Senst.
1	VS 150-REV. 1/1/68	



69 7882 BALTIMORE CITY HEALTH DEPARTMENT

6-600 MEDICAL E	XAMINER'S C	CERTIFICATE	OF DEATH	REG. NO	69 7882
BIRTH NO.			1,		
1. NAME OF DECEASED (Type or Print) HOWARD GROH		2. DATE Known 4 OF DEATH Estimated	Month d August	t 3, 19	69 Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEA	Month August	3, 196	9 3:35 A.M.
St. Agnes Hospital	(DOA)	5. USUAL RESIDENCE ( A. STATE Marylan	В.	d. If institution: COUNTY	residence before odmission)
	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?
Male White WIDOWED	DIVORCED	Baltime		YE	s NO
9. DATE OF BIRTH  July 22, 1908  10. AGE (In yeors last birthdoy)  61	nder 1 Yr. If Under 24 Hrs. ths: Doys   Hours   Min.	E. STREET AND NUMB	Curley St	reet	
	NHAT COUNTRY?	13. FATHER'S NAME			
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF	U. S. A. BUSINESS OR INDUSTRY	Frank Groh	NAME		
done during most of working life, even if retired)	Parm Dairy	Margaret			
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	10 INTERDUTANT		AD AD	DRESS
(Yes, no or unknown) (If yes, give wor ar dotes of service)	SECURITY NO. 219-01-0094	Mrs. Martha	Groh 243 N	21229	
19.	CAUSE OF DEAT		01011 277 1	10042203	APPROXIMATE INTERVAL
24/0/24	Arteriosc1	lerotic cardio	ovascular	disease	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE C	S A CONSEQUENCE OF:			
tnury or camplication which coused deoth.)					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	AS A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	(0)				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WA	S PERFORMED			21. AUTOPSY? (Yes or No)
Ö	THICH OF EXAMON THE	J I EKI OKMED			
UNDERLYING OR CONTRIB.	PLACE OF INJURY (e.g., iorm, foctory, street, office	in or obout 22C. WHERE bldg., etc.) INJURY OCC	DID (If In Boltimore	City, give exac	No No la location)
22D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX)	ZE. INJURY OCCURRED  WHILE AT NOT WORK AT WO	WHILE ()	ID INJURY OCCUR	?	
23.  I certify that I held an Inquiry	. 67		on this basis, de	eath in my c	pointon
resulted from: Natural causes 🛛 A	coldent Sylvide	e Homicide	Undetermine	_	j
ACTUAL SIGNATURE AND MICH.	allow	ASSISTANT MEDI	CAL EXAMINER L	<u> </u>	DATE SIGNED
EXAMINER'S Ronald N. Kornt	olum, M.D.	ASSOCIATE MEDI	CAL EXAMINER	A	ugust 3, 1969
REMOVAL (Specify)	C. NAME of CEMETERY		24D. LOCATION	(City, town,	or county) (State)
Burial Aug. 6, 1969	Crest Lawn Cer		CHURC	Carroll	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	M.D.	G. Truman	2122	,	rick Ave. Balto.
VS 151-REV. 1/1/68	90	7 8 7			

Joly 22, 1908 U. S. A. Frenk Grob LON OF Les Wilton Verm Smile Harmannet ? Pasteuriner 215-01-0094 Hrs. Daytha Grob 265 befordey 81. Auc. 6, 296; Greet Laum Can. | Harris Carroll, Co. Hc. J. Tranga Johnsb 2512 Tradarick Lyn. Halta. U.

## FUNERAL DIRECTOR: IMPORTANT

1,	1-340 69 78	BALTIMORE CITY	HEALTH DEPARTMENT		60 7002			
U	0-340 69 78	83 CERTIFICA	TE OF DEATH	REG. NO.	69 7883			
	H NO.	CERTIFICA		D HOUR OF DEATH				
	or Print)			D HOUR OF DEATH				
2 0	Edward C. Wheat		Augu	1st 3, 1969	stitution: residence before admission)			
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY	smorton; residence before burnission)			
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland •	-	2403			
	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
1			Baltimore		YES NO NO			
10	236 East Cross St	reet	E. STREET AND NUMBER	01				
				Cross Street				
5. SI	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	Months Doys Hours Min.			
	ale White WIDOV		Oct. 24. 1890	78				
	USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. B)RTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?			
-		cal 101	Cambridge, Md.		USA			
	ATHER'S NAME		14. MOTHER'S MAIDEN NAM		O BAGES			
			Elizabeth (	Manahall				
15. W	william L. Wheatley os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Marsharr )	ADDRESS			
(Yes,	no or unknown) (If yes, give wor or doles of servi	SECURITY NO.			7100 1100			
	No	217-10-8/1/10	Family -	same	42 3			
	18. 209 VI	CAUSE OF DEAT	H		BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY			1	1			
	LEADING TO DEATH	(A) IMMEDIATE CAU		Q taplasio	2 Gum			
11 1	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUÊNCE OF:	V				
	injury or complication which caused death.)							
	ANTECEDENT CAUSES	(8)						
	DISEASES OR CONDITIONS, if any, give	9	A CONSEQUENCE OF:					
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)						
	Ш	(-,						
N N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTII		10					
1	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	temid	***************************************				
	9A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED			
E				AT CERTIFICO CAT	Jaca of Beattle			
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimore	e City, give exact location)			
CAL	DEATH (notify medical examiner)	etc.)						
00	21D.TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
3	OF INJURY (APPROX.)	While At Not While						
		Work At Work	Δ	79 X	69			
	22. I certify that (I) (this haspital) attended			9 67 10				
	that (I) (we) Jast saw the deceased alive	an 7014 3	5 19 6 and the	ot in(my) (aur) apli	nion death occurred an the date			
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
	3A. SIGNATURE	Λ			23B. DATE SIGNED			
	Theeder 1 ve	Dh.		Staff Phys.	815 /69			
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS					
	Sheldon Goldge:	ion	BLA West 26+1	n Ctmant	23.23.3			
24A.		DEGREE C. NAME of CEMETERY OF CRE	848 West 36th		y, town, or county) (Stote)			
II	REMOVAL (Specify)							
1		Cedar Hill Cemet	ery E	Baltimore, M	d. 21225			
25A.	11106 1000 () 0 4 7 7	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
6	الالال اعام المحدية والالمال	ley May	McCully7,130	E. FortAve	21.230			
M/C 1	50-REV 1/1/68 ·	To the second						

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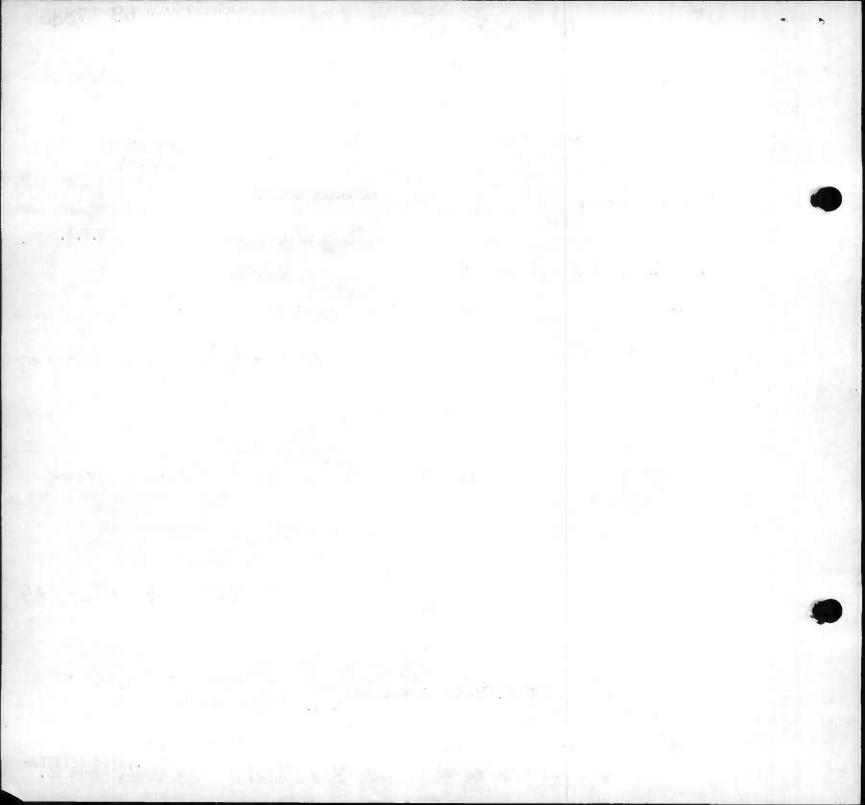
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remaining are approved in the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

		T-260 RTH NO.	69	7884		TE OF DEATH	REG. NO	69	7884	
		rpe or Print)	PRAU	1 Fi	511-10	2. DATE AN	D HOUR OF DEATH	. 10	11/0 0	
	3.	PLACE IN BALTIMORE	MARYLAND, WH	IERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	o deceased lived. If inst	itution: residence	before odmission	
	FU H (	ILL NAME OF AFT	OT IN HOSPITA	L OR INSTITUTION	ON, GIVE STREET	MD	417	21	7/7	
à	IN	мопити				C. CITY OR TOWN		E CITY LIMITS?		
2	1	MERCY	Ho	SPITI	n,	E. STREET AND NUMBER	e E	YES	10 []	
de.	5.1	SEX 6. RACE				2712 50	AULDIN	G 19	VE	
mad		FEMALE	/ /	· MARRIED [	DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs.	
n is	10Å	USUAL OCCUPATION	Give kind of work			11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF V	VHAT COUNTRY?	
disposition	5	ON THE WAY		USFOTFF_	AT HOME	LITHUANI	A X <b>X</b>	u.s		
pos	13.	FATHER'S NAME	UNKNOWN	0	TO THE	14. MOTHER'S MAIDEN NA			• /\•	
dis	3	Wos Deceased Eyer in U	KOK /	XXXXXXX	KK.	WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	LXXXXXXXXXXX	×		
ting	(You	s, no or unknown) (it yes, g	vo wor or dotos	of sorvice)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S	
	-	NO			19-40-7267 CAUSE OF DEATH	MR. HERBERT FIS	HER. 5 GREEN		APT.E#7	
0		DISEASE OR CO	NOITION DIRE	CTLY	GROSE OF DEATH		0 0.01	SETWEEN O	MATE INTERVAL DISET AND DEATH	
palme	١.	(This does not mean the mode of duing an (A) IMMEDIATE CAUSE fints Myorardial Infarction								
		heort follure, osthemic, etc. It means the disease, injury or complication which caused death.]								
E 0		ANTECEDENT CAUSES (B) Aute Purposerel Columne								
970		DISEASES OR COND	OITIONS, if an	y, giving lating the	DIE TO OR AS	CONSEQUENCE OF	1 1		<del></del>	
dins		UNDERLYING CONDITION lost. (cytholicothic Heart Measo								
E	NO	OTHER SIGNIFICANT CO	II NDITIONS CONT	RIBUTING		6				
The rem	ATT	DISEASE OR CONDITION	RELATED TO THE	TERMINAL	***************************************			*******	100000000000000000000000000000000000000	
	CERTIFICATION	19A-DATE OF OPERATIO	WAS PERFO	TON FOR WHICE	CH OPERATION	20A. AUTOPSY (Yes) or No.	IN CERTIFYING CAUS	DINGS CONSIDE	RED	
Derore	¥	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical et	NDERLYING AUSE OF	218, PLA home, fo	CE OF INJURY feeg., in mm, factory, street, offi	or obout 21 C. WHERE DID	(If In Bottlmore C	City, give exect lec	otlon)	
5	WED	OF INJURY	(Doy) (Year) (		URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
Tall		TAPPROAJ		While A Work	At Work		<i>CC</i> .	6	Ca	
22. I certify that (1) (this hospital) attended the deceased from 1969 to that (1) (ye) last sow the deceased alive on 1969 and that in (1) (our) objects								131	19.69	
9		7 .			KINN IN S	ew the body after death.	t in (py) (our) opinto	n death occurr	ed on the dote	
III OST		23A SIGNATURE	1/2	(1)	(did) (a) not) VI	ew the body after death.	123	IR DATE SIGNED		
5		Mamel	ef M	Wha	DEGREE Phys.		Staff Phys.	8/1/6	9	
brok		NAME (Type)	40 0.	10	- TO THE -	D. ADDRESS		91/0	<del></del>	
n	24A	BURIAL CREMATION	- M . / \ / B	EIRO)	M. DEGREE	MERCY HOSPIT		/		
		BURIAL CREMATION, REMOVAL (Specify) BURIAL	8-3-69		HAMEDRACH H			town, or county)	(Stote)	
	25A.	DATE REC'D BY HEALT	H DEPT. 25	& NAME OF RE	HAMEDROSH H.	25C. FUNERAL DIRECTOR	SEDALE, MARYL	ADDRI	223	
		AUG 6 1969	Jobert E.	Jackey, M.	000	SOL LEVINSON &	BROS.,6010	REISTERST	OWN ROAD	
1	VS 1	50-REV. 1/1/68	,			7 7 7				

Ben a factor of the same of th

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

	2	3-11-		BALTIMORE CITY	HEALTH DEPARTMENT		69 7805	
111		) -/65 th No. 69	7885	CERTIFICA	TE OF DEATH	REG. NO.	DDQ1, DD	
	(Type or Print)  NORRIS BAVERMAN 2. DATE AND HOUR OF DEATH (Type or Print)							
	3. P	PLACE IN BALTIMORE, MARYLAND, WI	ERE PRONOUI	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		on: residence before admission)	
	FUL HO INS	LL NAME OF (IF NOT IN HOSPITA SPITAL OR ADDRESS OR LOCA'	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	27/9 ITY LIMITS?	
	5	e iedlor's Guest	House		Baltemore		NO 🗆	
4	1	449 Shirley AV	ennie		E. STREET AND NUMBER	0 1001 011111111111	AVENUE	
	5. SI			] Name of the last		AGE (In years If	Under 1 Yr. If Under 24 Hrs.	
	3	Tale Canc.	WIDOWED		** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	st birthdoy) Mo	nths Doys Hours Min.	
		USUAL OCCUPATION (Give kind of work)  during most of working life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	1). BIRTHPLACE (State of loreign	country) 12.	CITIZEN OF WHAT COUNTRY?	
	7	urrier	RETA	\IL	1345519		U.S.A.	
	13. F	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
	1	Melvin Hersc	BAVET	4	XXXXXV	& BELLA	?	
	Yes,	Was Deceased Ever in U. S. Armed Forc s,no or unknown) (II yes, give war or dotes	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT EDWARD		ADDRESS	
		NO		577-48-40911	A Mr. XXXXXX Bover	man 3903	Emmart Are	
		18.		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DISEASE OR CONDITION DIRECTION DIRECTION DEATH	ECTLY		MSC	VD	Ven.	
		(This does not meen the made at dying, e.g.,  (A) IMMEDIATE CAUSE  THE TO. OR AS A CONSEQUENCE OF:						
		heall failule, asthenia, etc. II means the disease, injuly at camplication which caused deoth.)						
		ANTECEDENT CAUSES		(P)				
		DISEASES OR CONDITIONS, if a		DUE TO, OR AS	A CONSEQUENCE OF:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		tise to the obove couse (A) UNDERLYING CONDITION last.	sloting the	(c)			·····	
	_	II		Λ Λ	1./	- 1 -0 1		
	OF NO	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TH		Ceretralcus	suffreeling fen	cle Bycho Se	1 Kaus	
	CA	DISEASE OR CONDITION GIVEN IN PART	1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. WE YES, WERE FINDI	NGS CONSIDERED	
	CERTIFI	WAS PERFO				IN CERTIFYING CAUSES	OF DEATH?	
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, F home etc.)	LACE OF INJURY (e.g., in lorm, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore City	, give exoct location)	
	EDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?		
	>	(APPROX.)	While					
		22. 1 certify that (1) (this hospital)	ottended the	e deceased from	19	67 to 8:	-1 - 1967	
	- 1	that (I) (we) lost saw the deceosed		8-1	- 19 69 ond that	in(my) (our) opinion	deoth occurred on the dote	
		and hour ond from the couses state	above. (1)	(We) (did) (did not) v	lew the body after death.			
		23A. SIGNATURE	/	1 1		23 B.	DATE SIGNED	
Aftending Med. Shoff Director Phys.								
	24A	REMOVAL (Specify)	O 24C, NA	ME of CEMETERY OF CRE	MATORY 24D, LOC	CATION (City, to	wn, or county) (State)	
	•	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Hel	STRW Frien		Salto, md		
	25A	ALICE BY HEALTH DEET	25B. NAME OF	REGISTRAR	2SC. FUNERAL DIRECTOR	BROS	., 6010 REISTER-	
		400 1003 10084	THE MEAGE	ST LAND	O BOBLEVE	son's & SYN	xxx stown KV.	
	V 5	1SO-REV. 1/1/6B						



d by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
ertificate must be approved by the chief medical ex	ody was released to the hospital by a medical ex it (1) An accident of any nature; (2) Body burns; (3) 2.O.A. at a hospital (except where the physician vised prior to death); and (6) No physician was in approval must be obtained before the remains a	
This	show was dece	

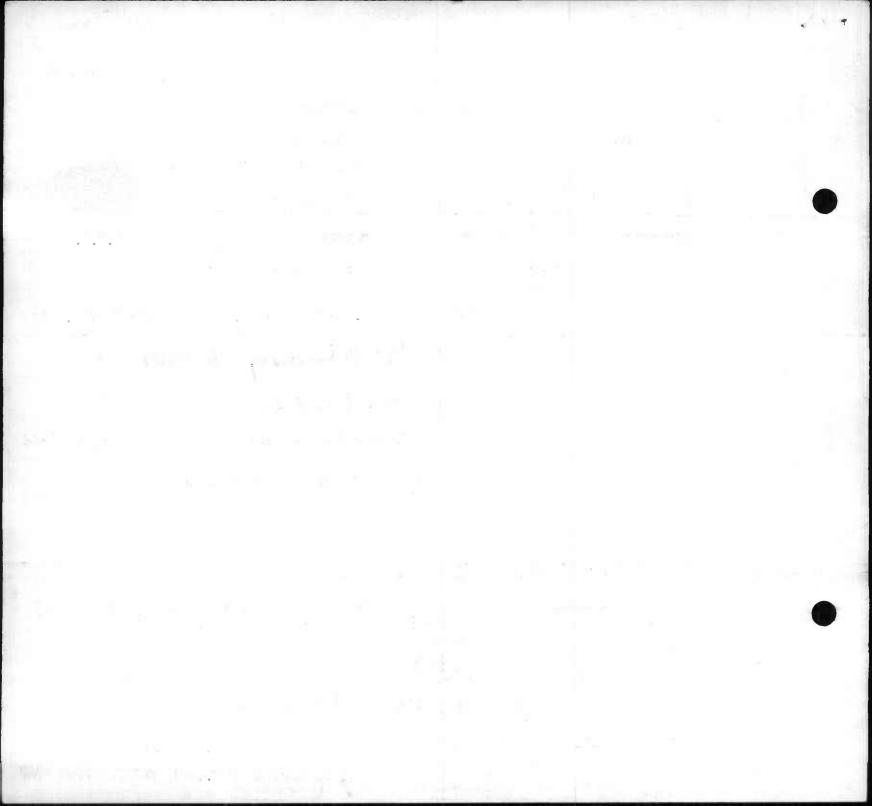
BI	9-23	69	788			E OF DE		× REG. NO	6	9	7886
1.	NAME OF DECE	NARY !	057	ROWSH	14	2.	DATE A	NO HOUR OF DEATH	Н	5	y 05 A
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRO	1 4	114	L USUAL RESIDE	NCE (Whe	ee deceased lived. If	institution; re	esidence	before admission)
H	ULL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	-	MARYLAN	D T	321to. CO,		53	00
IN	NOITUTIES	SINAI HOST			11	CITY OR TOWN		D. IN	SIDE CITY LI	MITS?	
	12	STIME HOS	LIAL		I	STREET AND	TUMBER		YES		ио Х
5.	SEX	6. RACE	7					wick Rd.			
F	EMALE	WHITE	WIDOW			DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under Months	Doys	If Under 24 Hrs. Hours Min.
do	no during most of w	PATION (Give kind of working life, even if retired)	10B, KIND	OF BUSINESS OR INDE	USTRY 11	. BIRTHPLACE (S	tate or fore	gn country!	12. CITI	EN OF	WHAT COUNTRY
	How	sewife		ome		Balti	more,	Maryland		USA	4
113.	FATHER'S NAM	-			14	MOTHER'S MA					
		20b Winakur				Elizabe	th M	ayer			
(Ye	Wos Deceased I	ver in U. S. Armed For lif yes, give wer or dote	cos? s of service	of SECURITY NO.	17	· INFORMANT				ADDR	ESS
_	NO					Benjamin	Ostr	owsky San	ne		
	18. / 7 5	OR CONDITION DI		CAUSE OF E	DEATH		On.	ost			OXIMATE INTERVAL
		EADING TO DEATH	RECILY	(A)IMMEDIATI	T CAUSE	melest	ali	to lone	9 %	8	9 yerrs
	(This does no heart foilure, a	I meon the mode at sthenia, etc. It means	dying, e.	DUE TO C		ONSEQUENCE OF	F:	lus	ī	1-0-0-m mm.mm.	<i>U</i>
	injury at camp	lication which caused				no			7		
		NTECEDENT CAUSES		(B)							
	rise to the	CONDITIONS, it above cause IAI CONDITION last.	any, givi slaling t	ng DUE 10, 0	OR AS A	CONSEQUENCE	OF:				
		11									
10IT	TO THE DEATH	ANT CONDITIONS COL	LE TERMINA	G 4L		non	0				
CERTIFICATION	19A. DATE OF	DEFENTION GIVEN IN PAR 198 CON WAS PERF	DITION FO	R WHICH OPERATION		20A. AUTOPSY?	(Yes or No	208, IF YES, WERE	FINDINGS AUSES OF D	CONSI DEATH?	DERED
CER	21 A. ACCIDENT	WAS UNDERLYING LING CAUSE OF	2	TR PLACE OF INJURY	e.g., in o	about 21 C. WHE	RE DID	(If In Boltime	ore City, give	exocl	ocetion)
¥	DEATH (notify n	nedical exomined	h	nome, form, lociory, stre etc.)	ot office	PIG" INTREA O	CCU R?	,			
MEDIC	21 D. TIME (	Month) (Doy) (Year	(Hour) 2	TE INJURY OCCURRED	)	21 F. HOW	DID INJ	URY OCCUR?			
2	(APPROX.)		1	While At Not Not At 1	While [						
	22. I certify t	hat (I) (t <del>his hospit</del> al	) ottended	the deceased from.		4/1	1	1964 to	8/1	_	19 6 9
		ast saw the decease		6/2		1969		at in (my) (our) op	Inlan dest	h occu	_
	and haur and from the causes stated above. (1) (We) (did) ( <del>did not</del> ) view the body after death.										
	23A. SIGNATURE Larm Attending M. Med. Stoff Stoff 8/2/69										
	23C. PHYSICIAN'S NAME (Type) MANUE (Type) MA										
24/	A. BURIAL CREM	ATION, 24B, DATE	1240	NAME of CEMETERY of	GREE 6	ICY TAK	KK 1	CATION CO	7 /	AL.	10-15-196
Ш	REMOVAL (Sp.	ecity) 8/3/6	q	ETH JACOB CON	.,	N. C.			iity, town, or	county	1 (Stote)
II		Y HEALTH DEPT	258 NAM	E OF REGISTRAR	10.	25C. FUNERAL I		MAI MAI	RY LAND	ADE	DRESS
	AUG 6	1969 Robert	E. Va	Ben, M.D.	1	SOP LEDIN	ISON S	BROS INC	6010 -	0. 1	
VS	150-REV. 1/1/68								- O V I (V - I	CU.	t Rd.

ada e mila.

## IMPORTANT FUNERAL DIRECTOR:

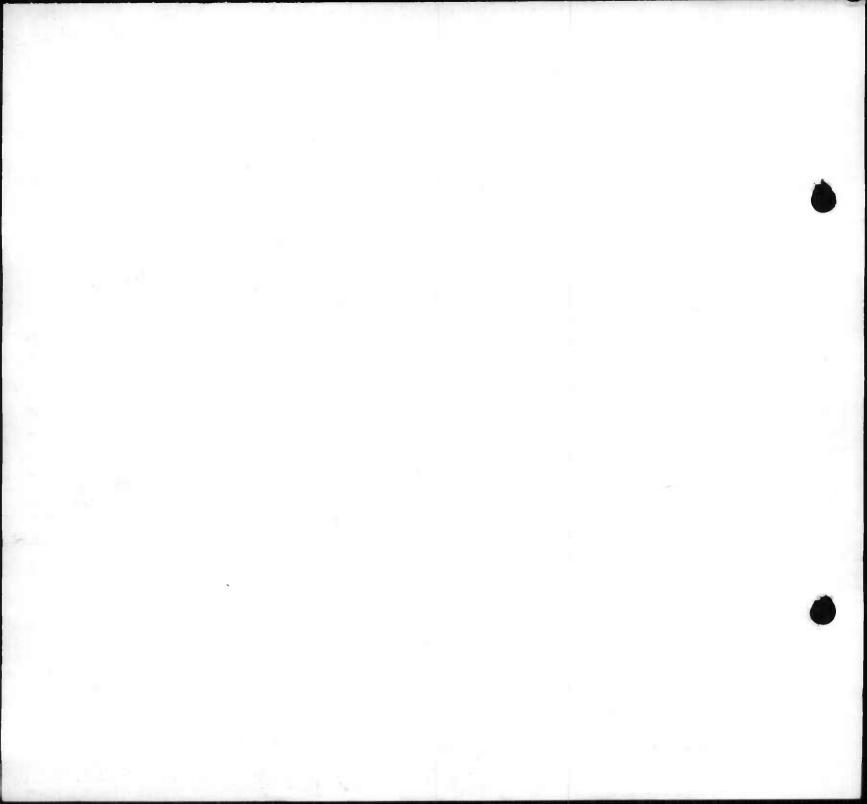
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

<	5-550 00		BALTIMORE CITY	HEALTH DEPARTMENT		CO Moori
1	64	788	/ CERTIFICA	TE OF DEATH	REG. NO.	69 /887
1.	NAME OF DECEASED	700	,			
IIIT	pe or Right BECCA S	MEYNE	¢	Z. DATE	F-4-6	a , 2 A
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, if in	nstitution: residence before odmissian)
HH	ILL NAME OF (IF NOT IN HOSPI OSPITAL OR ADDRESS OR LOC STITUTION	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND		2788
11"				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	SINAI HOSPITAL			BALTIMORE  E. STREET AND NUMBER		YES NO
	42			XXXX 5014 DE	NMORE AVENUE	
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Tr. If Under 24 Hrs. Months: Doys Hours Min.
	- EMALE WITTE	WIDOWED		KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	lost birthdoyl	Months Doys Hours Min.
10	LUSUAL OCCUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country!	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWI FE	AT I	HOME	RUSSIA		U.S.A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	? SILU	-17		? UNKNOWN	•	
15. (Ye	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (If yes, give war or date	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		NO.	MR. DAVID WHIT	MAN 771 WAS	UTNOTAL PLUO #20
	18. / Y Y I		CAUSE OF DEATH		MAN, 111 WAS	HINGTON BLVD. #30
	DISEASE OR CONDITION DI	RECTLY	Ja. Otra	20 0	0.4	SETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Pulmons	y apres	ser ?
	(This does not mean the made of heart failure, asthenio, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	1	
	injury ar complication which caused		0 0	1		7
	ANTECEDENT CAUSES		(8) Puruler	it bromeliche	3	
	DISEASES OR CONDITIONS, il	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.		(c)	newctas	L's	many years
z	OTHER SIGNIFICANT CONDITIONS CO	LITOIDLITING	-	0 1	0	
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	gene	ralized c	acheta	
ERTIFIC,	19A-DATE OF OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
١١٥	21A ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218.	PLACE OF INJURY leage, in	or obout 21C. WHERE DID	(ii In Boltimore	City, give exact facation)
CAL	DEATH (notity medical examined	etc.)	, lorm, loctory, street, all	ce bldg. INJURY OCCUR?	ye ar estimate	, any give exect localion,
MEDI	21D-TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
~	(APPROX.)	Whil	e Al  Not While			
	22. I certify that (I) (this hospital	) ottended th	e deceased from	July	19 67 to C	lug 4 1969
	that (I) ( <del>we)</del> lost saw the decease		8-3	19 6 9 and t		ilon deoth occurred on the date
	ond hour and from the couses stat	ed obove. (I)	(We) (did) (did not) vi	ew the body ofter death		son doon occurred on the date
	23A. SIGNATURE	. 0	0/2			23B. DATE SIGNED
	Stanley X8	Heml	Atten Phys.	ding Med.	Staff Phys.	9 11 10
	23C. PHYSICIAN'S NAME ITypel	C	DEGREE	D. ADDRESS	711/3.	8-4-69
	STANLEY K-	STEIN	BACH, PD	11 2 LADE	AVENUE	
244	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY OF CREA	MATORY 24D. I		y, town, or county! (Stotel
	BURIAL 8-5-69	ANSH	IE EMUNAH	BA	LTIMORE, MARY	LAND
254	ALICE TORO	3 E. Jan	1	25C. FUNERAL DIRECTO	R	ADDRESS
	HAPP 1202 30000	a c' dare	1 13 13	SOL LEVINSON	& ISKUS., 6011	O REISTERSTOWN ROAD



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	00
BIRTH NO. 69 7888 CERTIFICATE OF DEATH REG. NO.	59 7888
1. NAME OF DECEASED	
Julia Scholis 5- August -	
4. USUAL RESIDENCE (Where deceased lived, II	institution residence before admission!
HOSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN MOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (C.CITY OR TOWN	2515
	NSIDE CITY LIMITS?  YES X NO
South Balt. Gen. Hospital Baltimore	163 📈
1630 Hayel St	
5. SEX  6. RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (in yeors lost birthday)  WIDOWED  DIVORCED  26 - Dec - O +	Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife Maryland	USA
13. FATHER'S NAME	
Peter telegewski Hedwig Go	1 un bowski
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor ar dates of service)  16. SOCIAL  SECURITY NO.	ADDRESS
- FAMILY	Same
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 11 1
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	10m 16 hours
ANTECEDENT CAUSES	1011- 1
DISEASES OR CONDITIONS, if ony, giving  (8) MY DER TEN SLOM  DUE TO, OR AS 4 CONSEQUENCE OF:	Undedeemine a
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	***************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION	Undetermined
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOFSY? (Yes of No.) 20B. IF YES. WER	E FINDINGS CONSIDERED
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INITIARY (a.g. in or about 23 C. WHERE DID.	nore City, give exact lacotion)
OR CONTRIBUTING CAUSE OF hame, fortory, street, office bldg., INJURY OCCUR?	ore City, give exoct incollon)
Q 21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR	
While At Work At Work	
22 Leaville that Water Leaville and Line and Lin	August 1969
1 Abov (1) () 10-1	Pinion death occurred on the dote
and hour and from the couses stated above. (1) (We) (did) (ald met) view the body after death.	The dollars of the dollars
23A. SIGNATURE	23B. DATE SIGNED
Richard Etable M. D. DEGREE Phys. Director Phys.	5- Aug - 69
23C. PHYSICIAN'S NAME (Type) Richard E Fisher South Balt, more	ien Harr
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 3/20 LOCATION (1)	City, tawn, or county (Stote)
Bund 8-8-69 Holy Cross anty Balto. 212	/
25A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF REGISTRAR 25C. FUNERAL DIRECTOR	noine Mon are
VS 150-REV. 1/1/68	would TITE



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
- F	This certificate must be approved by the the body was released to the hospital by shows: (1) An accident of any nature; (2) was D.O.A. at a hospital (except where deceased prior to death); and (6) No ph written approval must be obtained befor

	C-520 69 788	1.4	HEALTH DEPARTMENT	REG. NO.	69 7889				
	IRTH NO.	CEKTIFICA	TE OF DEATH	REG. 140.	7003				
II (1	NAME OF DECEASED  SENIRA CANZI		2. DATE AI	ND HOUR OF DEATH	3:45 am				
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in:	stitution: residence before admission)				
111	FULL NAME OF (IF NOT IN HOSPITAL OR INS		Haryland, C. CITY OR TOWN	<b>39000000</b>					
16	MUNION HEMORIAL HO	SPITAL	BALTIMORE		YES NO				
1	1334 + calvert st. Bal.	to. Md.	E. STREET AND NUMBER 5311 ELSK	008 St. Ave					
5.	SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 1	Pa AGE (In years					
10	A. USUAL OCCUPATION (Give kind of work 108, KIND	DIVORCED	DOKEN ON HEX 18 16 A	AGE (In years bet birthday)	Months Doys Hours Min.				
do	one during most of working life, even if retired) Heusewile	or Bosiness or Industri	ITALY	ign country)	12. CITIZEN OF WHAT COUNTRY?				
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
	SEVERO FORCELLE.	38		NA DeFlex	riis				
(Y	Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war ar dates of service	SECURITY NO.	17. INFORMANT		ADDRESS				
	N●	218-05-1740	Mr. Alfredo Car	zi	(Same)				
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE						
	heart failure, oshenia, etc. It means the disease	heart failure, oslhenia, elc. It means the disease							
	injury or camplication which caused death.)	CEREB	RO-UNSCULAR ACC	nom la tabbi	ckeo				
	ANTECEDENT CAUSES	(B)	LOGICAL CHECK	1 .					
	DISEASES OR CONDITIONS, if ony, giving itself to the abave couse (A) stating if UNDERLYING CONDITION last,	DUE TO, OR AS  ARTEI	A CONSEQUENCE OF: CLESCIEROHE CAR	edio NASCULA	C DISEASS				
L	. 11								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************				
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINOS CONSIDERED SES OF DEATH?				
CAL CI	OR CONTRIBUTINO CAUSE OF	IBPLACE OF INJURY (e.g., in ome, farm, foctory, street, affica)	or about 21C. WHERE DID	(If In Boltimore	City, give exact location)				
EDI	21D-TIME (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?					
×	(APPROX.)	/hile At Not While At Work							
	22. I certify that (I) (this hospital) attended	the deceased from O	7-07	969 to 08-	04 1969				
	that (I) (we) lost saw the deceased office on	08 - 04	19 <u>69</u> and the	The state of the s	on death occurred on the date				
	and haur and from the causes stated above.	(1) (We) (did) (did not) vi	ew the body after deoth.						
	A CONTRACTOR OF THE CONTRACTOR	A.D. Alten	ding Med.	Staff X	08-04-69				
	Eurlyn P. havar  23G. PHYSICIANS NAME (Type)  EVELYN P. NAVARK	UEGREE 2	D. ADDRESS		33 Rd + CAWERT				
244	A. BURIAL CREMATION, 1248, DATE 124C.	O M.D.	BALTIM DI	Re MARY	LAND.				
	REMOVA!. (Specify)	NAME of CEMETERY OF CREATING THE COM		Baltimore,	Md. (Stote)				
25/		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
VS	150-REV. 1/1/68								

is to come a 

•	e approved by the chief medical examiner or his assistant if death occurred in a hospital and	I or contributing cause of death	al (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	sition is made.
APORTANT	his assistant if	so, if the direct	inced death w	endance on th	d or final dispo
FUNERAL DIRECTOR: IMPORTANT	cal examiner or	21 examiner. Ais	ian who pronou	is in regular att	ins are embalme
FUNERAL I	y the chief medi	Ital by a medical	there the physic	No physician wa	before the rema
•	t be approved b	ged to the nosp	spital (except w	leath); and (6)	ust be obtained
RGB	This certificate must be	the body was released	was D.O.A. at a hospite	deceased prior to d	written approval m

5 - 436 69 BIRTH NO.	7890 CERTIFICA	TE OF DEATH REG. NO	69 '7890
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
Marge Dorothy S		Aug. 3, 196	9   4 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Where deceased lived, if i	nstitution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	Md. Pr	SIDE CITY LIMITS?
US Public Health Service	Hospital	Bowie	YES NO
3100 Wyman Parkway		E. STREET AND NUMBER 12607 Bucongs B	unting Lane
F W WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthdoy) 10/1/24	If Under 1 Ye, If Under 24 Hrs. Manths Deys Haurs Min.
toA. USUAL OCCUPATION (Give kind of wark 10B, KIN done during mast of warking life, even if retired)	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
Housewife		Australia	Australia
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Alexander Miller		Alma Cox	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or detes of serv	icel 16. SOCIAL SECURITY NO. 577	"36" Records US PHS Hospita	ADDRESS
18.	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Sepsis	Days
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF:	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 17B. CONDITION I WAS PERFORMED	ng Ly	mphoblastic lymphosarcoma	Years
19A-DATE OF OPERATION 19E CONDITION I WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes et Ne) 20 R. IF YES, WERE IN CERTIFIING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exemined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, effect.)	ar about 21 C. WHERE DID (if to Boltimo	re City, give exact lecation)
OF INJURY (APPROX.)  (Month) (Day) (Year) (Hew)	21 E INJURY OCCURRED  While At Net While Work  At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attend	ed the deceased fromT1:	ly 1 1969 to At	ıg 3 19 69
that (1)/(we) lost sow the deceased office		19 69 ond that In (mg/) (our) op	
and hour and from the couses stated above	. (i) (We) (dld) (dld/p/o//vi		
23A. SIGNATURE			23B, DATE SIGNED
Nonald & Bea	ecclor up Atter	nding Med. Staff Director Phys.	8/4/69
23C. PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRESS	
Donald E. Beaudoin, SA	Surg (R)	NS PHS Hospital Balto N	ſď
	C. NAME OF CEMETERY OF CRE	MATORY 24D LOCATION (C	ity, town, er county) (State)
	Freenmount Cem.	Baltimore,	d.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
VS 1501REV. 1/1/68	abben, 190 0	Doorard.J. Ruck Inc. Ba	alto. Md.

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69 17891 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 7891
1. NAME OF DECEASED (Type of Print)  IDA M. PARKER	2. DATE   Known   Month   Doy   Year   Hour   OF   DEATH   Estimoted   August 2, 1969   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  OR INSTITUTION	DEATH Estimoted August 2, 1909  M. Month Doy Year Hour PRONOUNCED DEAD  August 2, 1969  12:01 P.M. S. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
1311 W. Lanvale Street	A. STATE Maryland B. COUNTY 1602
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 1891 10. AGE (In years 7 H Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min	. IE. STREET AND NUMBER
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Oroland
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	RY 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ocusknown) (II yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. CAUSE OF DE	ATH  ATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
(Ihis does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1AST	CAUSE Carcinoma of colon R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF:
OF COLUMN (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	., In or about 22C. WHERE DID (II in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.JNJURY OCCURRED OF INJURY (APPROX.)  MHILE AT NO WORK AT	22F. HOW DID INJURY OCCUR?
	utopsy ond that on this basis, death in my opinion  Ide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER AUgust 3, 1969
24A. BURIAL CREMATION, REMOVAL (Specify)  Welg 169  What welling  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	or CREMATORY 24D LOCATION (City, town, or county) (Stote)  24D LOCATION (City, town, or county) (Stote)  25G, FUNERAL DIRECTOR // ADDRESS
AUG 6 1969 Robert E. Janber, M.D.	Joseph L. Rues 2222 W. Yeart live
TO 1-1-18 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Transport of the second of the and a second

the t or contributing cause of death Undetermined cause; (5) Deceased hospital and uo attendance 0 0 2 prior occurred made. regular deceased disposition is death 2 MOS the direct 4 death UO final attendance any pronounced 0 Also, embalmed of fracture examiner examiner. gular who 9 the remains are 3 \_ physician medical (2) Body burns; Was physician the 0 before by where to the hospital °N any nature; by obtained 9 e approved (except and pe shows: (1) An accident of hospital death) the body was released must must

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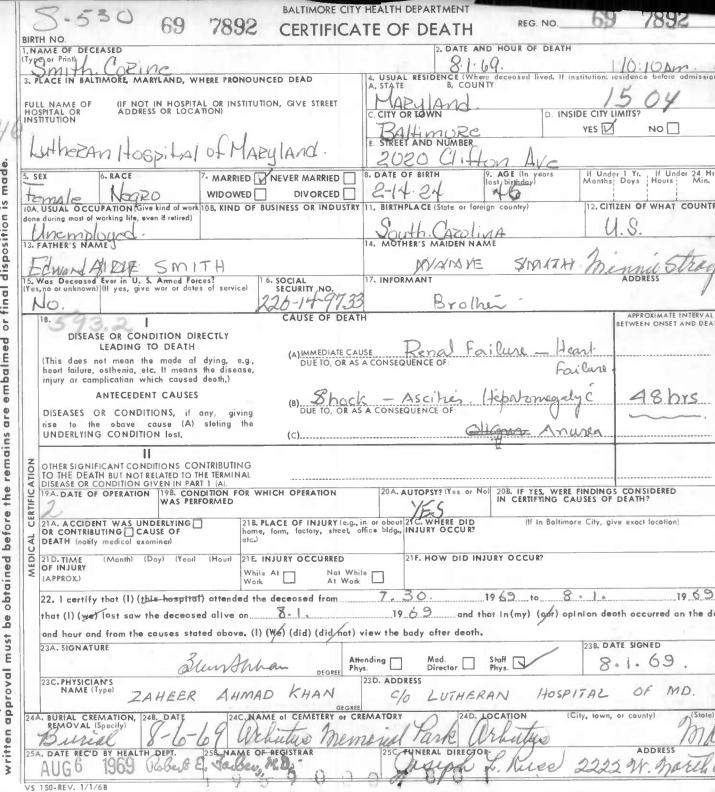
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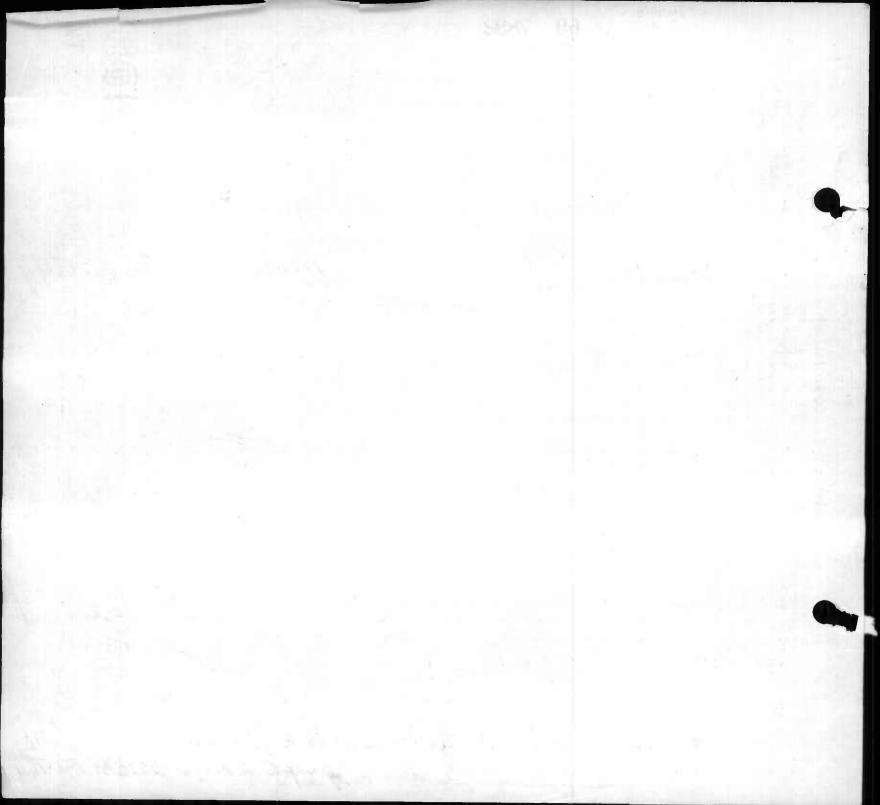
D.O.A.

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This

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH INAME OF DECEASED (Type or Print) 69 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived. If institution; residence A, STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR CITY OR TOWN D. INSIDE CITY LIMITS? YES V NO STREET AND NUMBER Lutheran Hospital of Maryland. BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 8. DATE OF 6. RACE MARRIED NEVER MARRIED 5. SEX Months! Doys Hours lost, birthday WIDOWED DIVORCED NOORO 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) AZOLIMA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME AM YE SMITH 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO NO rothe APPROXIMATE INTERVAL CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF Failure heart failure, osthenia, etc. It means the disease, injury at camplication which caused deoth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, the obave cause (A) sloting the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct focotion) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21F. HOW DID INJURY OCCUR? OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED Not White While At (APPROX.) At Work Work 7.30. 19 69 to 22. I certify that (1) (this hospital) attended the deceased from. 19 69 and that In (my) (gor) opinion death occurred an the date 8that (1) (we) lost saw the deceased alive on... and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23B. DATE SIGNED 23A. SIGNATURE Attending [ Staff Med. Phys. Director Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) AHMAD MD. HOSPITAL LUTHERAN GEGREE 24C NAME of CEMETERY OF CREMATORY (Stole) 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, REMOVAL (Specify) ADDRESS NAME OF REGISTRAR FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. B VS 150-REV. 1/1/6B





## FUNERAL DIRECTOR: IMPORTANT

	e or Print		RUTL	6066	2	DATE AND HOUR OF	DEATH	X/4/69
3. 1		TIMORE MARYLAND, W			4. USUAL RESIDE			n: residence before odmis
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN	BALTI	MORE D. INSIDE CIT	1509 Y LIMITS?
	Lu	THERAN	HOSP	ITAL OFMD		MORE	YES	NO .
	46				E. STREET AND N	3012 Chi	e lsea	Terr
5. S	MALB	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In yolost birthdoy)	eors If U Mont	nder 1 Yr. If Under 24 ths: Doys Hours M
	e during most of v	JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR		tate or foreign country) Fimore	12. (	U-S - A .
13.	FATHER'S NAM	ME			14. MOTHER'S MA	^		The state of the s
	50	sseph Ru	+ ledge	2	Effice	Rufledge		
S. Yes	Wos Deceosed s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7		ADDRESS
	No	(a)		218-14-7482	Malagare	t Rutledge-3	012 Ch	usea Terr
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving	(B)S	hock. S A CONSEQUENCE	OF:		
FICATION	DISEASES OF THE CONTRACT OF TH	OR CONDITIONS, if a above cause (A) CONDITION lost.  Il ICANT CONDITIONS CO H BUT NOT RELATED TO TONDITION DATE OPERATION 198. CON	any, giving stating the INTRIBUTING HE TERMINAL RT 1 (A).		ningi'ki	Pleuritis	S, WERE FINDIN	GS CONSIDERED
4	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OR CONDITIONS, if a above cause (A) CONDITION Iost.  I ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	any, giving stating the stating the terminal to the terminal termi	(C)	ning 1 ks	Pleuritis  (Yes or No) 208, IF YES IN CERTIFY  ERE DID (If is	S, WERE FINDIN	IGS CONSIDERED OF DEATH? give exect locotion
AL CERTIFICA	DISEASES C rise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OR CONDITIONS, if a above cause (A) G CONDITION lost.  II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	any, giving stating the stating the terminal to the terminal termi	(C)	ning 1 ks	Pleuritis  (Yes or No) 208, IF YES IN CERTIFY  ERE DID (If is	S, WERE FINDIN	OF DEATH?
ICAL CERTIFICA	DISEASES C rise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OR CONDITIONS, if a above cause (A) CONDITION lost.  II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1986. CON WAS PER IT WAS UNDERLYING	any, giving stating the NTRIBUTING HE TERMINAL IT I (A).    DITION FOR Y FORMED   218, hometc.   (Hour) 21E,	WHICH OPERATION  PLACE OF INJURY (e.g., to, foim, factory, street, illed At Not White the street with the stre	20A. AUTOPSY?  in or obout 21C. WHI office bldg., INJURY of 21F. HOV	Pleuritis  (Yes or No) 208, IF YES IN CERTIFY  ERE DID (If is	S, WERE FINDIN TING CAUSES ( n Boltimore City,	OF DEATH?
MEDICAL CERTIFICA	DISEASES CONTINUED TO THE DEAT DISEASE OR CONTRIBUTED TO THE DEAT DISEASE OR CONTRIBUTED TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we)	OR CONDITIONS, if a above cause (A) CONDITION lost.  IL ICANT CONDITION S CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER OPERATION CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (M) (this haspita last saw the decease I fram the causes sta	any, giving stating the INTRIBUTING HE TERMINAL IT (A).    DITION FOR VECTOR (Hour)   21E, Why who was a state of the dalive an	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, factory, street, form, factory, street, file At Work	20A. AUTOPSY?  in or obout 21C. WHI office bidg., INJURY of the bidg., INJURY of the bidg., Injury of the bidg., Injury of the bidy after the	(Yes or No) 208, IF YES IN CERTIFY  ERE DID OCCUR?  V DID INJURY OCCUR  1969 ta  7 and that in (my) (	s, WERE FINDING CAUSES on Boltimore City,	OF DEATH?
MEDICAL CERTIFICA	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and	OR CONDITIONS, if e above cause (A) G CONDITION lost.  ILCANT CONDITION S CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER OT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that W(this haspita last saw the decease fram the causes sta  RE  Shows	any, giving stating the INTRIBUTING HE TERMINAL IT (A).    DITION FOR VECTOR (Hour)   21E, Why who was a state of the dalive an	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, factory, street, form, factory, street, file At Work	20A. AUTOPSY?    20A. AUTOPSY?   21C. WHI   office bidg., INJURY (   21F. HOV	(Yes or No) 208 IF YES IN CERTIFY ERE DID OCCUR?  V DID INJURY OCCUR  1969 ta  7) and that in(my) ( er death.	s, WERE FINDING CAUSES on Boltimore City,	give exect location)  19 (0)  P. M.)  Jeath accurred an the
MEDICAL CERTIFICA	DISEASES CORISE TO THE UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUT  21 A. ACCIDEN OR CONTRIBUT DEATH (notify  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (per) and haur and 23 A. SIGNATU  23 C. PHYSICIA NAME (Tr	OR CONDITIONS, if a above cause (A) a above cause (A) if CONDITION lost.  ILLICANT CONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PARTICIPATION [198. CON WAS PER INT WAS UNDERLYING [INTERPRETATION] (Month) (Doy) (Year)  That Withis haspita last saw the decease of from the causes standard from the cause stand	any, giving stating the stating the intribution of the terminal title. (A). Intribution for the formed of the dalive an attended the dalive and the	WHICH OPERATION  PLACE OF INJURY (e.g., e., foim, factory, street, e., foim	20A. AUTOPSY?    20A. AUTOPSY?   21C. WHI   office bidg., INJURY (   21F. HOV	(Yes or No) 208. IF YES IN CERTIFY ERE DID DCCUR?  V DID INJURY OCCUR  1969 ta  1969 ta  1969 ta  1969 ta  1969 ta  1969 ta	s, WERE FINDING CAUSES on Boltimore City,  aut) apinian of 238. 1	give exect location)  19 6  19 6  Beath accurred an the DATE SIGNED  (n, or county) (Si

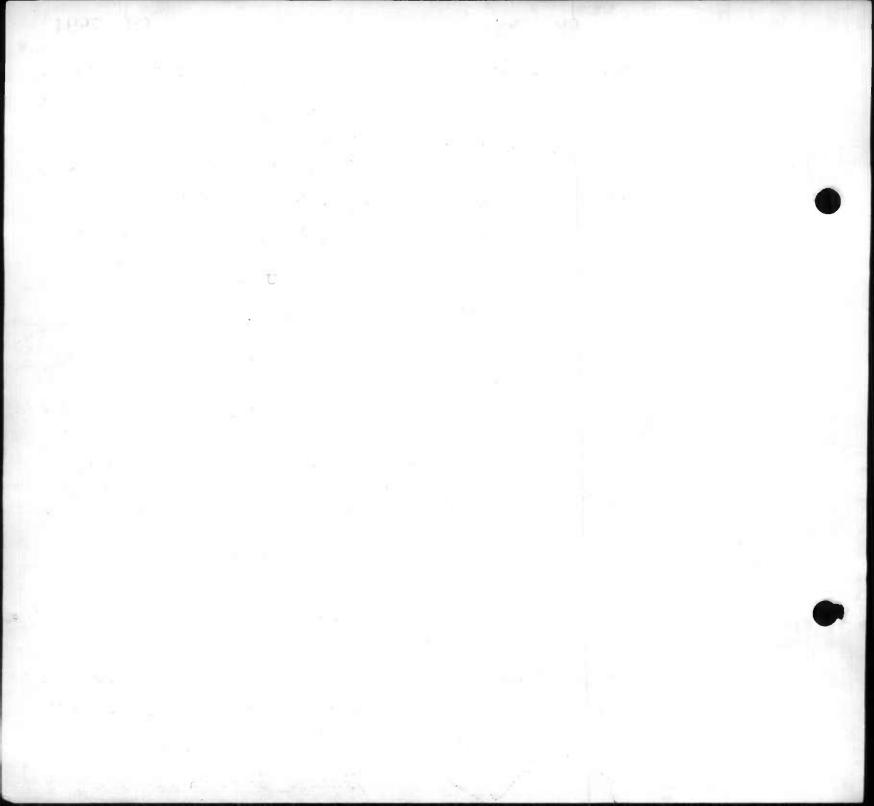
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7004	BIRTH		69	7894	CERTIFICA	TE OF DEAT	TH REG. NO	. 69	7894
and ased the Such	I, NA	ME OF DECEA		1//1			TE AND HOUR OF DE		<u> </u>
	3. PL	ACE IN BALTI	MORE MARYLAND, W	illian		THA HISTIAL RESIDENCE	Where deceased lived	1969	2:54 p.m.
S o o						A. STATE B.	COUNTY		dence before admission)
a hos ause e; (5) ndanc to de	HOSE	NAME OF TIAL OR TUTION	ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	Mary La C. CITY OR TOWN	ud Bal	timore	d & O de
use, tend	110		11 + 1		2 14'	Doltimore		YES X	ио []
red radical caller at				of 1	sal/imore, 1	E. STREET AND NUM	Miltord	Ave.	-21207
occurricular properties occurring oc	11	lake	Laite	WIDOWED		8. DATE OF BIRTH 5/1/96	9. AGE (In years lost birthdoy)	If Under Months D	Yr. If Under 24 Hrs. Min.
0 0 - 0 -	IOA, U done d	SUAL OCCUP	ATION (Give kind of work rking life, even if retired)			11. BIRTHPLACE (Stole			N OF WHAT COUNTRY?
disposition of the description o	12			RRTI	red.	ScotLa		И.	5, A.
4) (4) the		THER'S NAME	i			14. MOTHER'S MAIDE	N NAME		
d; (c)		David	Cope	-0.7	6. SOCIAL	17. INFORMANT	<b>U</b> nkn own		
he ckind deat	11		rer in U. S. Armed Ford I yes, give wer or dote:		SECURITY NO.				DDRESS
S + T = #		NO	- A L		CAUSE OF DEAT	Miss Lilli	an G.Phillip		Allford Ave
f any fany nced endo		DISEASE	OR CONDITION DIR	ECTLY				BET	TWEEN ONSET AND DEATH
- w o > + o	,		Mean the mode of	duina no	(A) IMMEDIATE CAL	ISE Sepsis	suspecte	4	24 hs.
ture coronal ar att	[[ ] h	oort failure, os	thenio, etc. Il meons cation which coused	the diseaso,	DUE TO, OR AS	A CONSEQUENCE OF:			
eric on a			TECEDENT CAUSES	docum,,	intra-	abdominal	healines.	0 500	+ ( > 17.
X A Y			CONDITIONS, il		DUE TO, OR AS	A CONSEQUENCE OF:	Marignay	cy suspe	ted > 170
(3) e x	U	NDERLYING	above cause (A) CONDITION last,	sloling the	(c)				
ical rns; sicia vas			11		a Renal F	ailure (relai	tool to 1 A)		10 days
bon by buy	OF IC	THE DEATH	ANT CONDITIONS COM BUT NOT RELATED TO TH IDITION GIVEN IN PART	IE TERMINAL			u, suspected	1	1 day
a nody	ERTIFICATION	A. DATE OF O	PERATION 198 CONT	DITION FOR WH	ICH OPERATION	20 A SUTOPSY? (You	or No. 208, IF YES, W	ERE FINDINGS C	ONSIDERED
by (2) By re the phy:	3 21 21	A. ACCIDENT	WAS UNDERLYING	21 B. PL	ACE OF INITIBY (e.g., I	n or obout 21 C. WHERE I			
here here here befo	CAL	R CONTRIBUTION TO THE CONTRIBUTION OF THE CONT	WAS UNDERLYING DO CAUSE OF odicol exeminer	Vo etc.)	form, fociory, street, of	fice bldg. INJURY OCC	Viet M.A.	Imore City, give o	xoci iocoiion)
00-3-	□ 21	D. TIME (A	Aonthi (Doy) (Year)	(Hour) 21 E, 1N	IJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
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ny exc an an			at (I) <del>(this hospita</del> l)			uly 17	1969 to_	August	3 19 69
of o			st saw the deceased		_	1969 0	nd that In(my) (	apinion deoth	occurred on the date
		d haur and fi	ram the causes state	ed obove. 哲(	We) (did) (	iew the body ofter de	eoth.		45.25
SOPOPE		Benis	- 72	P	49 Atte	nding Med.	Shoff [7]	23 B. DATE	HGNED 10/0
	23	C. PHYSICIAN	Will 71. (	mom	DEGREE Phys	23D. ADDRESS	L. Phys. L.	Hugh	2,1767
An An price		Benjan	nin R. Cl	ripman	M.D.	3640 F	ords Lav	ie-E.	21215
SO DE	24A. B	URIAL CREMA	TION, 24B. DATE	24C. NAM	E el CEMETERY of CRE		4D. LOCATION	(City, lown, or c	
Ws: D. O	Вι	ırial	8-6-69		raine Ceme	tery	Baltimore	, Marylar	ıd
the body was re shows: (1) An ac was D.O.A. at a deceased prior i		1100	000 0 4	25B NAME OF		2SC. FUNERAL DIRE			ADDRESS
		-REV. 1/1/68	969 (16Ber 8	Jaiber	MEDI ()	Armacos	t Funeral Ch	ape1-460	0 Liberty H

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B-200 69 7895 BALTIMORE CITY HEALTH DEPARTMENT

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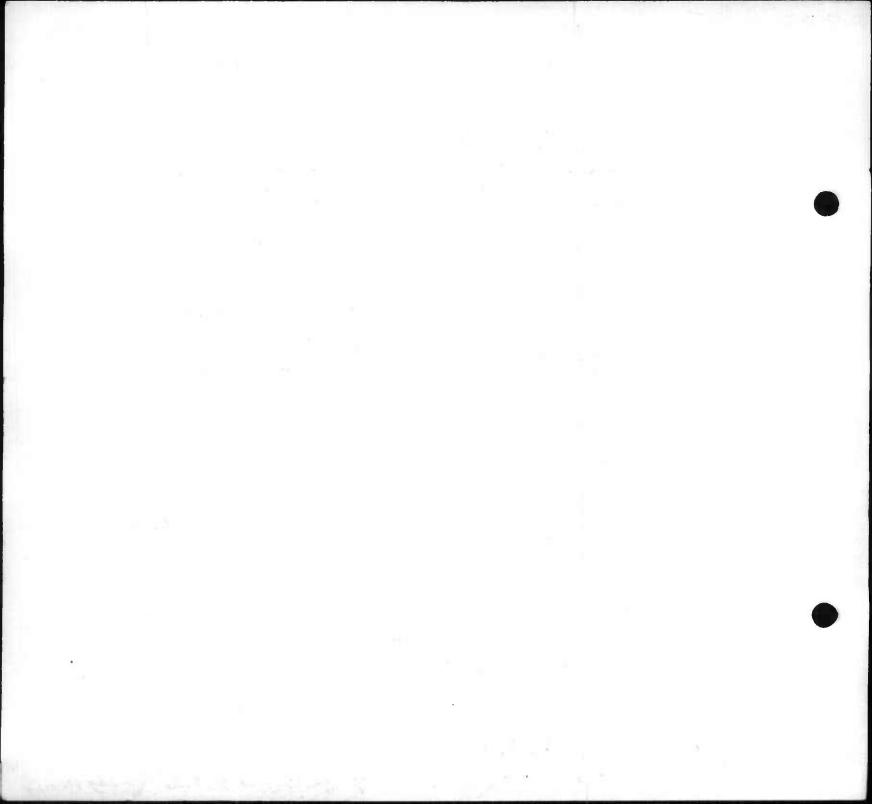
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I. NAME OF DEC	CEASED				1	2. DATE	Knawn 🗍	14 - 16		V	Tr.
(Type or Print)		ABRAHA			- £	OF DEATH	Estimoted	Month	Day	Yeor	Hour M.
FULL NAME OF HOSPITAL	(IF NO	ARYLAND, W T IN HOSPITA ESS OR LOCA	L OR INSTIT			3. DATE PRONO	UNCED DEAD	Augus	t 2, 19	69 Year	7:05 A.
ORINSTITUTION		Peach S	36 7			5. USUAL R	ESIDENCE (When		ed. If institution B. COUNTY	residence	
6. SEX	7. RACE		B. MARRIE	D NEVE	P MAPPIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	201
Male	Negi	ro	WIDOWE		DIVORCED		Baltimor	e	VE	s 🛚	NO 🗆
9. DATE OF BIRT		10.AGE (In	years .	If Under 1 Yr.	Il Under 24 Hrs	. E. STREET	AND NUMBER		10	3 (2)	140
10//	30	last birthday	,	nonins   Doys	Hours Min.	46.11	933 Hano	ver Str	eet		
11. BIRTHPLACE (S	state or loreig	on country)	1:	2. CITIZEN		13. FATHER	SNAME				
mil				WHATCO	.50	NIL	lly To	vos	,		
dane during mast of w	PATION (Giv varking life, ev	e kind af work en if reilred)	14B. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE O		4	
	FO F1(FD (A)	11.6				dd	2 Her	MA			
16. WAS DECEAS (Yes, na ar unknown)				17. SOC SEC	URITY NO.	S. INFOR	MANT Tole	MA	273	DRESS	N- 6
19.	1-71			(	CAUSE OF DEA	ATH		1/2		a FT	PROMMATE INTERVALL
DISEAS	E OR COND	ITION DIREC	CTLY		Fa	tty met	amorphosi	s of li	ver	July 1	LEN ONSET AND DEATH
4.4	LEADING TO				(A)IMMEDIATE	CAUSE					
heart lallure	ot meon the , osthenia, etc	. It means the	diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or can	nplication whi	cn causea aea	orn.)								
	NTECEDENT				(B)						****************
RISE TO THE	OR CONDITION	USE (A) STAT	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
Z	NG CONDITI	ION LAST.			(c)						
OTHER SICK	IIFICANT CON	II CONTINUE CO	Alzninisti	10							
O THE DEA	ATH BUT NOT	RELATED TO	THE TERMIN	IAL						-510	
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF				OR WHICH O	OPERATION W	AS PERFORM	ED		-	21. AUTO	PSY? (Yes ar Na)
2											es .
	NAL CAUSE		22	B. PLACE O	F INJURY ( g.	, In or abaut 2	2C. WHERE DID	(If In Baltimar	e City, give exac		es
UNDERLYING UTING CA			he	ome, farm, fa	ctary, street, olfi	ce bidg., etc.) I	NJURY OCCUR?				
		ay) (Year	) (Hour)		Y OCCURRED	. 2	2F. HOW DID IN	JURY OCCU	R?		
(APPROX.)			m	WHILE AT		WHILE WORK					
23.						697					
	Ify that I h		nquiry 📙	Inspec		top sy .	ond that an t	his basis,	death in my	pinion	
result	red from: N	oturol cou	ses K	Accident	Sulci		miclde L		ed manner L		
ACTUAL	11/	00	11/	1. 1.	1		CHIEF MEDICAL				DATE SIGNED
SIGNATI	JRE V	weg	11/6	unc	M.I	٠,	STANT MEDICAL		X.		
NAME (T	ype)	onald N	. Korı				CIATE MEDICAL I	XAMINER	L Aug	ust 2,	1969
24A. BURIAL CREA REMOVAL (Specil		4B, DATE	110		of CEMETERY		50 (20)	LOCATION		ar caunty)	(State)
Quin	0	P/ 6	161	Mount		n	Ba	ltimo	re Cit		
25A. DATE REC'D			40 40	ME OF REG	ISTRAR	25C. F	UNERAL DIRECT	rown	& Son AL	DRESS	
AUG'I	103 14	Brok E.	Jaber	M.D.	0	IQ	B W, Mont	gomer	y St		
VS 151-REV. 1/1/68				47	7 47	7	<del></del>	+			

7 , Salient

51-52-1	19	I	В
	and	eath	Desp

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	1-53	34 69	789	BALTIMORE CI			REG. N	NO.	69	789	6
1.	RTH NO.	EASED	700	CERTIFICA	ATE OI		ND HOUR OF				
	ype or Print)	JOHN P. 7	INDA	-L		Z, DATE A	86/69	DEATH	1	8 50	P
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL	RESIDENCE (Who		ed. Il insti	lution: reside	ence before or	dmission)
H E	ULL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INST	TITUTION. GIVE STREET	11	LAND			~	7,30	1
IN	NOITUTIES	BALTIMORE CIT		PITALS	C. CITY O				CITY LIMIT	5?	
		4940 EASTERN				AND NUMBER			res 🔯	ио 🗌	
		BALTIMORE, MA	ARYLANI	21224	15.	PEACH STR	EET	2120	7		
	SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE O	F BIRTH	9. AGE (In yeo	rs A	If Under 1	Yr. If Under	r 24 Hrs.
H ~ .	ALE A USUAL OCCI	NEGRO	WIDOWE	D DIVORCED OF BUSINESS OR INDUSTR	7-15	-22	17				-
do	ne during most of v	vorking life, even if retired)	TOR KIND	OF BOSINESS OF INDUSTR	T 11. BIRTHE	LACE (State or fore	eign country)		12. CITIZEN	OF WHAT C	OUNTRY
13.	FATHER'S NAA	AE .				H CAROLIN			USA		
	EDWA					ER'S MAIDEN NA	ME				
15.	Was Dassard	E. l. II S. A. A. S.	ces?	1 6. SOCIAL	MAYE					2255	
(Te	18.	Ilf yes, give wor or date	s of sorvice	SECURITY NO.		DS-BCH-49	40 EASTE	RN AV		DRESS	
ATION	DISEASES OF THE SIGNIFIC TO THE DESTINATION OF THE	of meon the mode of asthenia, etc. It means plication which caused interest of the caused interest of the cause of the cau	the discosident.)  ony, givin slaling th  NTRIBUTING E TERMINAL	g (B)	A CONSEQU		0 9 100	Cyun		7 3 9	Private 41
ERTIFIC	19A-DATE OF	OPERATION 19B. CONT	ORMED	WHICH OPERATION	20A. AU	TOPSY? (Yes or No	IN CERTIFYIN	WERE FINE	DINGS CON	SIDERED H?	
Ü	OR CONTRIBUT DEATH Inotify	T WAS UNDERLYING TING CAUSE OF medical examined	21 ho etc	B. PLACE OF INJURY le.g., me, form, foctory, street, c	n or about 21 ffice bldg., IN	C. WHERE DID JURY OCCUR?	(If In B	oltimore C	lty, give exc	ct location)	
MEDI	21D. TIME OF INJURY IAPPROX.)	Month  (Doy)  Year	w	L INJURY OCCURRED  Thile At  Not Whi ork At Work		F. HOW DID INJ	URY OCCUR?	ابنت	,	· · · · · · · · · · · · · · · · · · ·	
		hat (t) (this hospital)			7/1	1	969 10		2/2	19	69
		ost saw the deceased				and the	ot In(my) Jam	) opinta	death ac	curred on the	he dote
	ond hour and 23A. SIGNATUR	from the couses state	d obove.	(l) (We) (did) (dtd not)	lew the bo	dy after deoth.					
	>	James R	For	M. D. Ath	nding	Med. Director	Staff Phys.	23	B. DATE SIG	G9	
	23C. PHYSICIAN NAME Uy	JULIEZ L	P. Fo	NK M.D.	23D. ADDRES	BALT.	CITY	Ho	SP.		
24A	REMOVAL ISP	ATION, 24B. DATE	24C, N	AME of CEMETERY OF CR	MATORY	24D- 10	CATION	(City, 1	own, or cou	nly) (S	State)
25A	Duris	2 8/6/6	9 m	of REGISTRAR	25C EV	VERAL DIRECTOR	alti	Cul	K		
1.1	IG7 198	39 Robert E.	awer,	K.D. ()	100	of oly	m1 1 1	108	wan	DORESS	



cause

if the direct or contributing

approved by the chief medical examiner or his assistant if death occurred in a hospital

Also,

the body was released to the hospital by a medical examiner.

This certificate must be

J-	635	
TH NO.		

#### BALTIMORE CITY HEALTH DEPARTMENT

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0-2	BID	U - 63	5	69	785	37.	CERTI	FICA	TEC	F DEA	TH	REG.	NO	69	7	897	
Such	1.1	NAME OF DEC	ASED	.1								ND. HOUR OF	DEATH	2			
h.	3.	PLACE IN BALT	NORE MAR	N. AM	SAN	M	NCED DEAD		I A HEH	AL DESIDEN	8/3	169.	43	pm.	***	1 ( )	M.
ior to death.									A. STAT	E KESIDEN	B. COUN	re deceased li	ved" it iu.	Stilution; tet	iidence		
dar	FU	ILL NAME OF	(IF NOT ADDRES	IN HOSPITA	AL OR IN	ISTITUT	TION, GIVE STR	EET	Larford ID. INSIDE CITY LIMITS?								
end 2		sutution Baltimore	e Jity I	Tospit	als					treet	;		D. INSI	YES T		VO [7	
r att prior		1940 East	-	40.					E. STREET AND NUMBER			21154					
-	]	Baltimore, Maryland 21224							Rt. 2 Box 50/ Scar orough & Mill Grad				race Ro	oad			
regular sased p is made	5. 5	SEX	6. RACE		7- MARR	NED X	NEVER MARR	ED 🗌	8. DATE	OF BIRTH		9. AGE (In ye		Il Under Manths		II Under 24 Haurs i M	Hrs.
eased is ma	I	Temale	White		WIDOY		DIVORC		12-	8-19		119					
in ene	dan	e during most of w	rorking life, eve	n if retired)	10B, KINI	D OF E	BUSINESS OR IN	DUSTRY	11. BIRTI	HPLA CE (Stat	e or fare	ign country)		12. CITIZI	EN OF	WHAT COU	NTRY?
S D I		House								yland				Ţ	J.S.	Λ.	
was the sposit		FATHER'S NAM								HER'S MAI						•	
V)		Charles 1	A						Ber	tha Fl	owers	3					
death ce on inal di	(Yes	Was Deceased s, na or unknown)	(If yes, give	Armed Ford war at date:	es? af servi	ice)	6. SOCIAL SECURITY NO	).	17. INFO	RMANT	)	1940 Eas	et orn		ADDRE	SŠ	
deat ince o final		No					27/1-/12-2	035	RCH	• RECO		Baltimor				21224	
attendanc Imed or fir		1B. 199	./ I				CAUSE OF	DEAT	1					1	APPROX	ONSET AND D	
d e			E ÖR COND LEADING TO		ECTLY				0				$\wedge$	1			
5 p E		This does no	I meon the	mode of	dying,	e.g.,	(A) IMMEDI		SE SE	QUENCE OF:	cha	Y.	170	neus	(1)		britelia
ular mba		heart failure, a				ase,		A		2011101 011		and a	rest	con			
0 00 0		A	NTECEDENT	CAUSES			(0)	100	IN IN	AHAI	(18)	1 (100	د م مدی				
vho reg		DISEASES O					DUE TO	OR/AS	A CONS	QUENCE OF	Fi	(60)		MIN		***********	Jelle-Bas
E.E S		rise to the UNDERLYING	CONDITION	use (A) i last.	sloling	lha	(c)	V									
sician was ir the remains			- 11				(-)						**********				
SY C	OL	OTHER SIGNIFIC												-			
g is	CAI	DISEASE OR CO	NDITION GIV	EN IN PART	I (A).		HICH OPERATIO	M	120 A	AUTOPSY? (Y	N	1 200 te vec	14/555 5				
physician ore the re	CERTIFICATION	8	O' EKATION	WAS PERF	DRMED	OK 111	TICH OFEICH	N	2000		es or ite	IN CERTIFY	NG CAU	ISES OF DI	EATH?	PEKED	
to phy before		21A. ACCIDEN OR CONTRIBUT	T WAS UND	RLYING		218. PI	LACE OF INJUR	Y (e.g., in	or about	Yes 21C. WHERE	DID	(II In	Boltimore	City, give	exact la	cotion)	
where No pt	CAL	DEATH (notify	medical exami	ner)		etc.)	form, factory, s	areet, on	ice bldg.,	INJURY OC	CU K?						
N P		21D. TIME OF INJURY	(Month) (Da	y) (Year)	(Hour)	21 E. II	NJURY OCCUR	ED		21 F. HOW	TNI GIO	URY OCCUR?					
in (	\$	(APPROX.)				While Wark	AI N	lot While									
(except w and (6) P obtained		22. I certify	that (1) (this	haspital)	attende		deceased from		7-30	l		19 69 to	8	-3		19_6	9
		that (I) (we)					8_3			69		at In (my) (o			accur		
14 to							(Me) (q1q) (q1q	not) vi	ew the	bady after	death.	,(,, (					0010
hospital (o death); I must be		23A. SIGNATUR		1			a X	T						23 B. DATE	SIGNE	D	
		Justith	a.u	su	sliv		MD	O Dh.	ding _	Med. Directo	, 🗆	Staff Phys.		8/:	3/6	9	
+ 0 0 t		23 C PHYSICIAN NAME (Ty	₹S pe)				DEGI	CEE	3D. ADD	RESS			-7-	91	210	<u>′                                      </u>	
pri pri			A. Wis	neski	M.D.			DEGREE	1 1			y Hospi Ave. Ba		Ma	212	21.	
o d	24A	REMOVAL (S	ATION, 24B.	DATE	240	C. NAN	AE of CEMETERY		MATORY	U Pabl		CATION		, lown, ar	-	(Stat	iel
D.G		Burial		-6-69		S	outhern	Cen	eter	Y	1	Dublin	Har	ford	Co.	.Md.	
was D.O.A. at a l deceased prior to written approval	25 A	DATE REC'D	BY HEALTH E	EPT.	25B. NAA	AE OF	REGISTRAR		25C.	FUNERAL DI	RECTOR		-		ADD		
303		AUG7	1969	Robert	c. 7a	Des	~ A. C.	15	T	RHO	p. A	ARKI	NS	De]	Lta,	Pa.	

AUG VS 150-REV. 1/1/68

BRIDGE HILL BRIDE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	G-626	00	7898	2	TE OF DEA	X .	69 7898
(1)	NAME OF DECEASED	ANNA	GREGOR:	CK- GRIGORICK	2. D	ATE AND HOUR OF DEATH	20
FL	PLACE IN BALTIMOR CERTIFICATION	E MARYLAND V	E.A.	ARNDED	C. CITY OR TOWN	P.D. Co.	institution: residence belore admission)  5 2 0 0
	43	more Gen	eval 1	Hospital	E. STREET AND NU	MBERR ESWell Road	YES NO
5.	Fenale Ca	uc asian	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do		N (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTRY	Norfolk	or loreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	^			14. MOTHER'S MAID	- 3 - 4	HSA
	Thomas	FR H HOMEN	SHARK PE	druchny	Viola	Potapinko	
15. IYe	Was Deceased Ever in s, no or unknown! (If yes	U. S. Armed For	ces? is of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			218-36-9349-8	Jacob U	1012 este	132 Cedar Hill. Rd.
		CONDITION DI	RECTLY	CAUSE OF DEAT		i	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not med heart foilure, asther injury or camplication	io, elc. il means	the disease,	DIE TO OR AS	A CONSEQUENCE OF:	decompensat	102
	ANTEC	EDENT CAUSES		(B) Charma	in Compan	time Heart Go	alure 5 us.
	DISEASES OR CO	ve cause (A)		^	A CONSEQUENCE OF	Cardiovascule v	1.
NOIT	OTHER SIGNIFICANT	NOT RELATED TO T	HE TERMINAL				
CERTIFICATION	19A. DATE OF OPERA	ATION 198. CON WAS PER	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WA OR CONTRIBUTING [ DEATH (notify medical	S UNDERLYING CAUSE OF	218, hometc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21C. WHERE fice bldg. INJURY OC	DID (If In Boltime	re City, give exoct location)
MEDI	21 D. TIME (Mont) OF INJURY (APPROX.)	hl (Doy) (Yeorl		INJURY OCCURRED  le At  Not While k At Work		DID INJURY OCCUR?	
	22. I certify that (	l) (this hospital	) attended th	e deceased fram	9-0	5 19 <u>69</u> to	8-6 19 69
	that (I) (we) last s				***************************************	and that In (my) (our) op	inian death occurred an the dote
	and hour and from	the causes stat	ed abave. (1)	(We) (did) (did not) v	lew the bady after a	leath.	
	04	. L c	Manne	m n Atte	nding Med.	□ Shiff □ -	23B, DATE SIGNED
	Gleanor 23C.PHYSICIAN'S NAME (Type)		, , , ,	DEGREE Phys	Director	Staff Phys.	8-6-69
	Eleano	r L. Noon	l I	DEGREE	South Balt	o. Hospa	
244	REMOVAL (Specify)	N, 248, DATE	24C. NA	ME of CEMETERY of CRE	MATORY		ity, town, or county] (State)
254	Buris 1 AOG 7 1965	7-9-69	Holy 25B, NAME O	Trinity Russ	2SC. FUNERAL DI	RECTOR	ADDRESS
VS	150-REV- 1/1/68		1 13	5. 13 13	George J.	cui once 4001 A	litchie Hgy, 21295

BALTIMORE CITY HEALTH CERTIFICATE O		KEG. NO.	69	7898	3
GRIGORICK	2. DATE AN	D HOUR OF DEATH		20	
11		-6-69		2 20	A

C

EXAMINER'S

VS 151-REV. 1/1/68

NAME (Type) Werner U. Spitz, M.D. Deputy Chief

24A. BURIAL CREMATION, 24B. DATE

24B. DATE

24B. DATE

24B. DATE

24B. DATE

24B. DATE

Parial 8-7-69 Cedar Hill 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRA'R AUG 7 1969 C. Jacker, M.D.

T-620	69 789	9 BALTIMORE CITY HE	ALTH DEPARTMENT	X	
BIRTH NO.			CERTIFICATE OF	DEATH REG. N	69 7899
. NAME OF DECEASED			2. DATE Known 🖈	Month Dov	Year Hour
Type or Print)	Alice E. Tu	rek	OF DEATH Estimoted	8 4	69 7:40 a.m.
. PLACE IN BALTIMORE, MA			3. DATE	Manth Day	Year Hour
ULL NAME OF (IF NO ADDRE OR INSTITUTION	T IN HOSPITAL OR INS	STITUTION, GIVE STREET	PRONOUNCED DEAD	8 4	69 7:40 а.м.
110			5. USUAL RESIDENCE (Where	deceased lived. It institu B. COUNT	
	ltimore Gen		Maryland	NA	2200
. SEX 7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?
female white	e WIDO	WED DIVORCED	Baltimor	e	YES NO X
DATE OF BIRTH	10. AGE (in years	If Under 1 Yr. 11 Under 24 Hrs. Manths, Days, Hours, Min.			
Dec. 31,1911	lost birthdoy)	manins Days Hours Min.	123 Camb	rose Ave.	
1. BIRTHPLACE (Stole or loreig		12. CITIZEN OF	13. FATHER'S NAME	LUSE AVE.	
W		WHAT COUNTRY?	4 13 69	G7 1	
Maryland  4A.USUAL OCCUPATION (Give	e kind of work 148. KIN	O OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM	Glark	
and doring most or working me, ex	en Ifretired)	**	The state of the s	CIP.	
Housewife 6. WAS DECEASED EVER IN	ILS ADMED FORCE	Home S?   17. SOCIAL	18. INFORMANT	GLass	455544
(es, no or unknown) (Il yes, give v	var ar dates of service	SECURITY NO.			ADDRESS
NO I		216-18-0599	Mr. Frank J. Tu	rek S	ame
14/2 21		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND	ITION DIRECTLY				
LEADING TO		Hyperte	ensive cardiovasc	ular diseas	e
(This does not mean the heart ioilure, osthenio, etc. injury or complication whice	. It means the disease.	DUE TO, OR	AS A CONSEQUENCE OF:		
***************************************					
DISEASES OF CONDITION		(B)	AS A CONSEQUENCE OF:		
DISEASES OR CONDITION	USE (A) STATING THE	DUE 10, 0 K	A CONSEQUENCE OF.		
UNDERLYING CONDITI	ON LAST.	(c)	****		
	11				
OTHER SIGNIFICANT CONTO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TERM	UNAL			
		FOR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)
					no
22A. EXTERNAL CAUSE	WAS	228 PLACE OF INILIPY(e.g.	in ar about 22C. WHERE DID (II	to Beltimore City store	
UNDERLYING OR CONT	TRIB. TH.	hame, farm, foctory, street, office	bldg., etc.) INJURY OCCUR?	in bollimore City, give	exact ideation)
22D. TIME (Month) (D	ay) (Year) (Hou		22F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		m. WHILE AT NOT	WHILE ORK		
23.		AI II	bund		
I certify that I he	eld on Inquiry [	Inspection 🔀 Au	tapsy ond that on thi	s basis, death in s	my opinion
resulted from: N	atural causes 📝	Accident Suicid	e Hamicide U	ndetermined monne	er 🗌
10	40 . 1		CHIEF MEDICAL EX		
ACTUAL	myh	Phi	ASSISTANT MEDICAL EX		DATE SIGNED

ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner

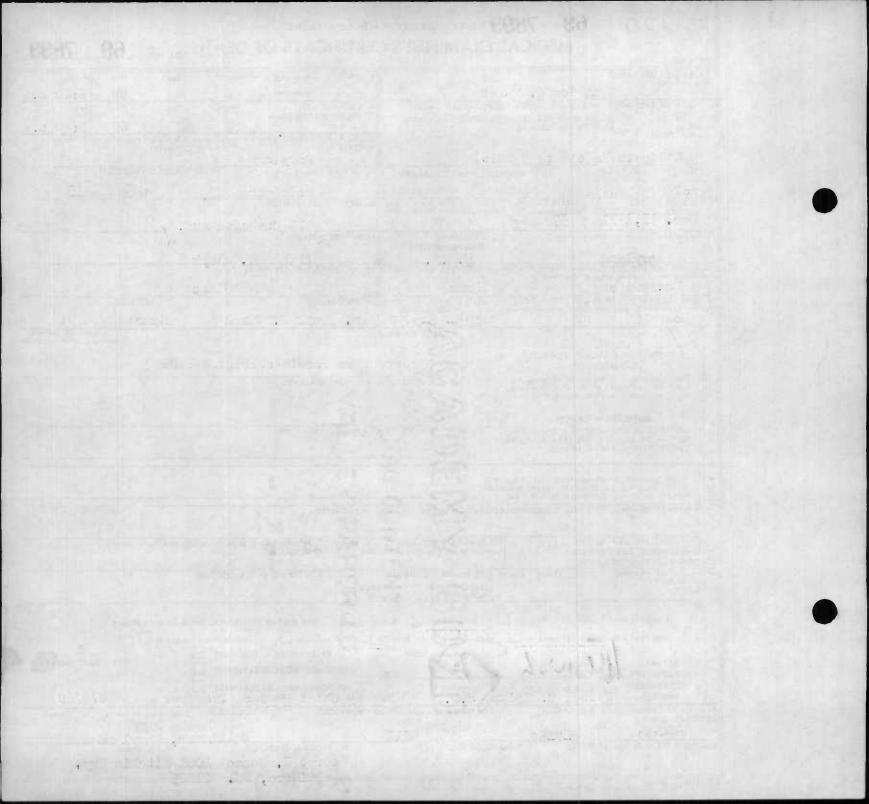
24D. LOCATION (City, lawn, or county)

Baltimore, Maryland

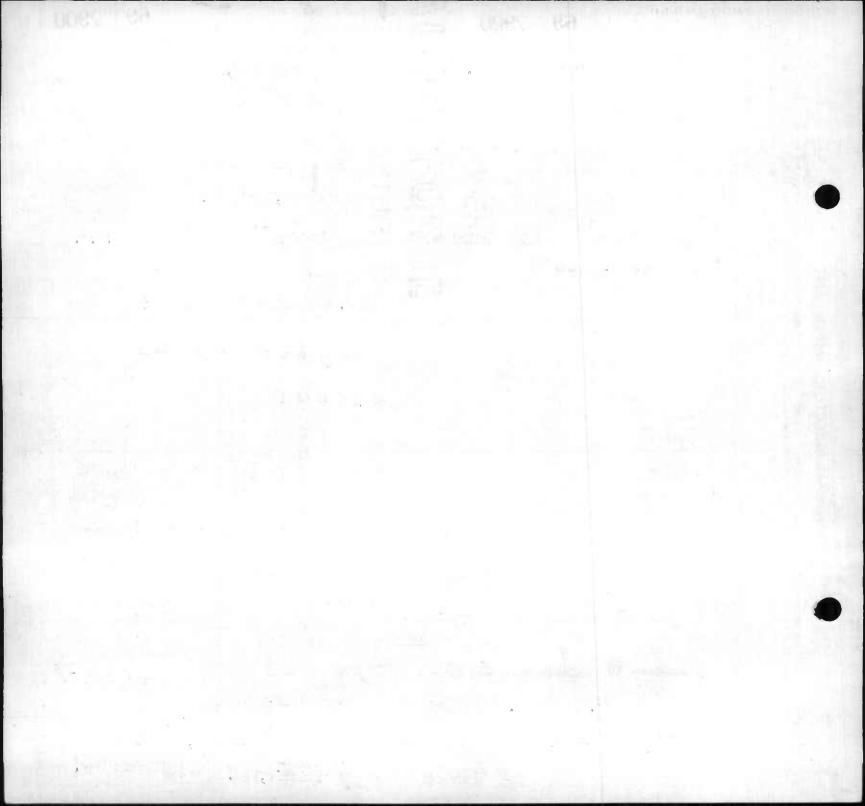
25C. FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgy.

8/4/69



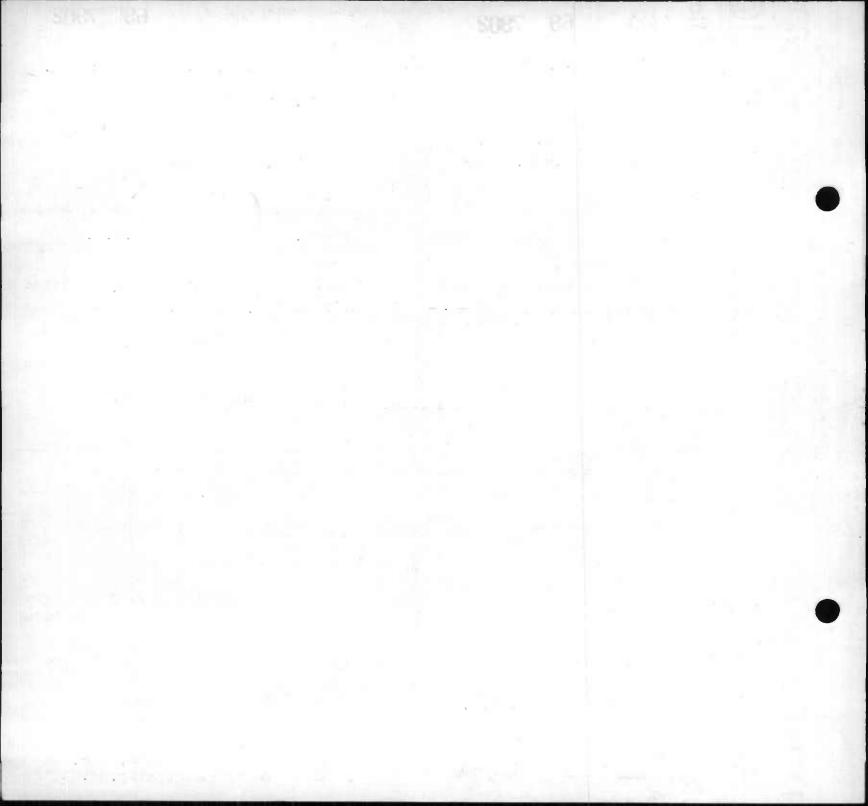
	AME OF DEC	EASED				2. DATE AND	HOUR OF DEATH	1	
3.	pe or Print)	Piotr	(Peter) S	• Szewczyk		July 2'	7.1969		idence before odmission
	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUP	CED DEAD	4. USUAL RESI	B. COUNTY	eceosed tived. If	institution; resi	idence before odmission
FU	LL NAME OF	UE NOT IN HOSPI	TAL OR INSTITUT	ION. GIVE STREET	Maryl	and nn	co.		5200
H	STITUTION	ADDRESS OR LOC	ATION)	TOT, OFFE STREET	C. CITY OR TOV			SIDE CITY LIM	ITS?
1	2				Balti E. STREET AND	more		YES	NOT
	South	Baltimore Ge	neral Hos	pital					
						Fourth S			
	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	lost	AGE (In years birthday)	Months C	Yr. If Under 24 Hrs Poys Hours Min.
	Male	White	WIDOWED	_	December		76	DO CITIZE	N OS WILLY COUNTY
		working life, even if retired)		BUSINESS OK INDUSIKI	II. BIKIHPEACE	(State or toreign	country)	12. CITIZE	N OF WHAT COUNTR
	Car Ren	airman	B&O Rai	lroad	Po	la nd		U	SA
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME			tuje e
	Ro	ch Szewczyk			Ev	a			
5. (Ye	Wos Deceosed	Ever in U. S. Armed Fo	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT			-	ADDRESS
	No				Mrs. Cat	herine P	loch Szew	czyk	Same
_	18. , / /	0 2/1		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION D				A 41			TWEEN CHIEF AND DEAT
		LEADING TO DEATH		(A) IMMEDIATE CA	USE Conges	tive Head	of Fand	and	
		not meon the mode o osthenio, etc. Il meon		(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE	OF:			
	injury or con	aplication which couse	d deoth.)						
		ANTECEDENT CAUSE	S	(B)	75CV1	4 D			
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENC	E OF:			
		G CONDITION lost.	storing the	(c)					
		11							
O		CANT CONDITIONS CO							
ATIO	DISEASE OR C	TH BUT NOT RELATED TO ONDITION GIVEN IN PA	RT 1 (A).	. 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
CERTIFIC	19A. DATE OF	OPERATION 198. COL	NDITION FOR W	HICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 2	OB. IF YES, WERE N CERTIFYING C	FINDINGS C AUSES OF DE	CONSIDERED EATH?
-	21A. ACCIDE	NT WAS UNDERLYING	7 219 6	LACE OF INJURY (e.g.,	in or about 21C W	HERE DID	III in Baltima	ore City, give	exact location
CER	OR CONTRIB	NT WAS UNDERLYING [ JTING CAUSE OF medicol exominer)	home,	form, foctory, street, o	office bldg., INJUR	OCCUR?	iii in soitime	ore City, give	exoct locotion)
		mearcol exominer	610.7		l l				
CAL			A1						
CAL	21 D. TIME OF INJURY	(Month) (Doy) (Yeor)		NJURY OCCURRED		OW DID INJURY	OCCUR?		
AL	21 D. TIME		(Hour) 21 E. I While Work		le 🗂				
CAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) that (I) (this hospita	While Work	Not White deceased from	7/9/69		OCCUR?	7/23/4	2 19
CAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) that (I) (this hospita	While Work	Not White deceased from	7/9/69	19	to		
CAL	21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	(Month) (Doy) (Year that (I) (this hospital last saw the deceas	While Work	Not White deceased from 7/23/69	7/9/69	19	to		
CAL	21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	(Month) (Doy) (Year that (I) (this hospital last saw the deceas d from the causes sta	While Work	Not White deceased from 7/23/69	7/9/69	19	to	238, DATE	accurred on the da
CAL	21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	(Month) (Doy) (Year that (I) (this hospital last saw the deceas d from the causes sta	While Work	Not White At Work and deceased from 7/23/69 (We) (did) (did not)	7/9/69 19	19 ond that i	tofo	238, DATE	accurred on the da
CAL	21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNATU	(Month) (Doy) (Year) that (I) (this hospital last saw the deceased from the causes stated in the cause stated in the cau	While Work	Not White At Work and deceased from 7/23/69 (We) (did) (did not)	7/9/69 19 view the bady a	19 and that i	tofo	238, DATE	accurred on the do
CAL	21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	(Month) (Doy) (Yeord that (I) (this hospital last saw the deceas d from the causes sta	while work work of the ded alive an	Not White At Work and deceased from 7/23/69  (We) (did) (did not)  MD OEGREE Physics	7/9/69  19  view the bady a  ending M D  23D. ADDRESS	and that in the state of the st	to	238, DATE	accurred on the da
MEDICAL	21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur an 23A. SIGNATU	(Month) (Doy) (Year)  that (I) (this hospital last saw the decease of from the causes state of the causes of the cause of the causes of the cause of the cause of the causes of the cause of	while work work work of the ded alive on the ded above. (1)	Not White At Work at W	7/9/69  19  view the body of Months M	ond that infer death.  State Physical Citchie H.	tofofin(my) (our) op	238, DATE	signed on the do
MEDICAL	21 D. TIME OF INJURY (A PPROX.)  22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I)	(Month) (Doy) (Year)  that (I) (this hospital last saw the decease of from the causes stated in the cause stated	while work work work of a live an area above. (1)  We Ro Sos 24C. NA/	Not White At Work at W	7/9/69  19  view the body of Months M	ond that infer death.  ed. Starrector Phy  litchie H.  240. LOCA	ightay	238, DATE 238, DATE	SIGNED 3 c/6 9
MEDICAL	21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I)  A. BURIAL CRE REMOVAL ( BURIAL	that (I) (this hospital last saw the deceased from the causes stouched the causes stou	while work work work all ottended the ed alive an area above. (1)  ew R. Sos	Not White At Work at deceased from 7/23/69  (We) (did) (did not)  MD OEGREE Physics  Showski DEGREE ME of CEMETERY or CR  Holy Cross	19 19 Mending Mos. MD D	and that infer death.  led. Sho irector Phy  litchie H.  240. Loc.  Bal:	ightay timore,	238. DATE 2/	SIGNED 3 c/6 9  county) (State)
MEDICAL	21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I)  A. BURIAL CRE REMOVAL ( BURIAL	that (I) (this hospital last saw the decease of from the causes stated in the cause stated in the causes stated in the causes stated in the cause stated in the causes stated in the causes stated in the causes stated in the causes stated in the cause stated in the causes stated in the cause stated in the caus	while work work work of a live an area above. (1)  We Ro Sos 24C. NA/	Not Whith At Work at deceased from Tyles 1/6 9  (We) (did) (did not)  MD OEGREE Phy  Showski DEGREE  ME of CEMETERY of CR  Holy Cross  REGISTRAR	19 Mending Mys. 23D. ADDRESS LOIG REMATORY	ond that infer death.  ed. Starrector Phy  litchie H.  240. LOCA	ightay timore,	238, DATE 238, DATE	SIGNED 3 c/6 9  county) (State)



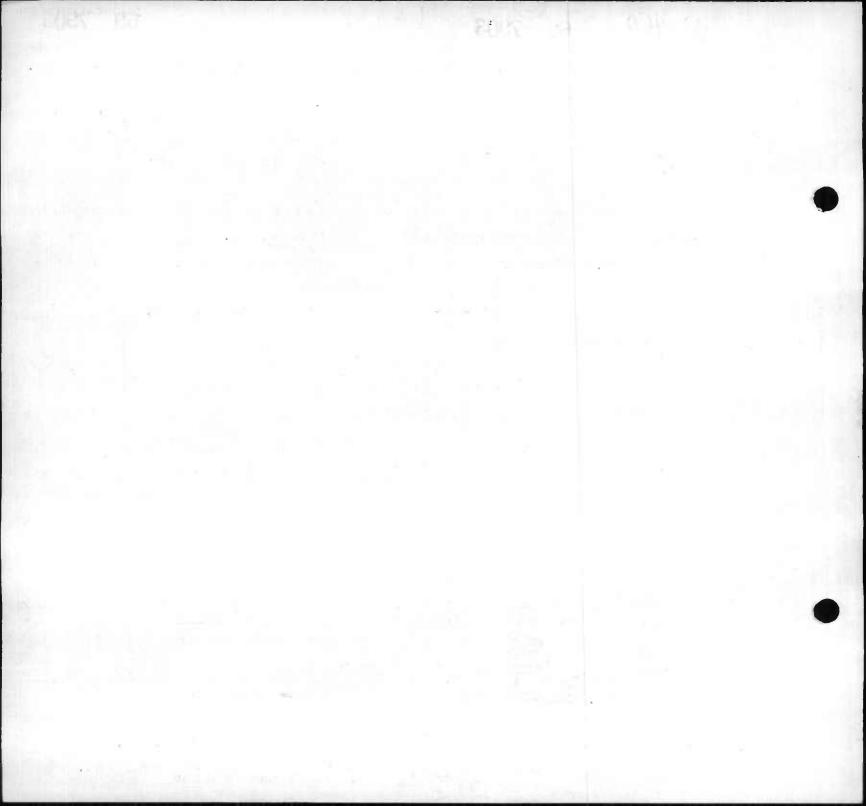
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-600	69	7901		HEALTH DEPARTMENT	REG. NO.	69	7901
	BIRTH NO.			CERTIFICA	TE OF DEATH			
	I. NAME OF DECEA	SED /			2. DATE	AND HOUR OF DEAT	Н	1.0
IL	HENESTE	arl Lo	were		4-	August-	69 1	10 43 AM
	3. PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived If	institution: reside	nce before admission)
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTE	ON. GIVE STREET	Md.		2	716
	HOSPITAL OR	ADDRESS OR LOCA	(NOIT)	- TO THE STREET	C. CITY OR JOWN	D. IN	SIDE CITY LIMITS	?
	Look	Balt. Ge	m. Hos	D.	Baltima		YES X	по П
	110			0.	E. STREET AND NUMBER			
	40			_	2762 VIR	glaca Avi	e.	
1	SEX 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	J9. AGE (In years	If Under 1 Y	fe , If Under 24 Hrs.
	temale	white	WIDOWED	DIVORCED	10 - Servi-07	last birthday)	Months Day	s Hours Min.
	OA. USUAL OCCUP	ATION (Give kind of wark	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN	OF WHAT COUNTRY
110		king life, even if retired)	77.000		N /	1		
15	3. FATHER'S NAME	46	Hon	ie	/ `	d	П.	S.A.
11.	1.1	C 11			14. MOTHER'S MAIDEN N	IAME		
	Walter				Marry	X Phiefe	r	
100	5. Was Deceased Ev	er in U.S. Armed Fare yes, give wer or dete	es?	SOCIAL	17. INFORMANT	/ ( 1112020		DRESS
	No	7-07 81-0 11-01-01-01-0	or advice,	SECURITY NO.	Terror to T. T.		Comme	
1	18.	A .		None CAUSE OF DEATH	Joseph J. La	uer	Same	
	9/11	I Or condition dir	row v	CAUSE OF DEATE	1			PROXIMATE INTERVAL EEN ONSET AND DEATH
		ADING TO DEATH	ECILI		1	- 1		, 1/
	heart failure, ast	mean the mode of henia, etc. It means	the disease.	DUE 10, OR AS	CONSEQUENCE OF:	s Liver	(	Indeterm
	injury or complic	calian which coused	death.)	a f	n. 1	n	1.	, ,
	AN	TECEDENT CAUSES		101 Chreo	mic Alcoh	alican	11.	nd otor
	DISEASES OR	CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			- 401EIG
	UNDERLYING	obove couse (A)	sloling the	(a)				
		11		(c)	***************************************			
;	OTHER SIGNIFICA	NI CONDITIONS CON	TRIBUTING					
	TO THE DEATH B	UT NOT RELATED TO TH DITION GIVEN IN PART	E TERMINIAL	**************				
1 5	OTHER SIGNIFICATION THE DEATH BE DISEASE OR CON 19A-DATE OF OF DEATH BE DISEASE OR CON 19A-DATE OR CON	ERATION 198 CON	HW SOT MOTE	CH OPERATION	20A. AUTOPSY? (Yas at	Nall 208 IF YES WERE	FINDINGS CON	SIDERED
10	8	WAS PERF	ORMED		20A. AUTOPSY? (Yes or	IN CERTIFYING CA	AUSES OF DEAT	H7
1	21A. ACCIDENT	WAS UNDERLYING T	218, PLA	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltima	re City, give exc	ct location)
1	DEATH (natify me	dical examiner)	atc.)	arm, lociary, street, all	ce pldg. INJURY OCCUR?			,
MARNICAL	21 D. TIME (N	ianth) (Day) (Year)	(Hour 21E INJ	URY OCCURRED	215 4044 515 1			
1 2	OF INJURY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While A		21F. HOW DID I	ANDRY OCCUR!		
			Work	WI AAGIK				
1	22. I certify the	t <del>-(1)</del> (this hospital)	attended the d	leceased from 1	umel	19 69 to 4-	Aug	19 69
		it saw the deceased		4- Aug	19 69 and	that In (my) (our) ap	Inlon death ac	
	and hour and fr	om the causes state	d obove. (1) (W	(did) (did-ma) vi	ew the body ofter death			
	23A. SIGNATURE	1 1 15	- /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on the body offer death		23B, DATE SIG	NED
	D.	hand to	ih:-	MT Atten	ding Med.	Staff J	// A	4.0
l	23C. PHYSICIAN'S		/	77 DEGREE Phys.	Director LJ	Phys. L.	7-17-	9-67
	23C. PHYSICIAN'S NAME (Type)	/ /	/-/	221	- 11 711	1. 4		1
		hand	1-15 ho	DEGREE	South Dalt.	Ota. 17	05	
1	REMOVAL (Spec	ify) 248. DATE	24C. NAME	OI CEMETERY OF CREA	AATORY 24D.		ity, town, ar cau	
	Berial	8-7-69		oly Cross		Baltimore,	Maryland	Washington and
25	AUG 7 19	169 Jaber 8	, Jacober M	EGISTRAR	George Je Go		tchie Hg	DDRESS y 2122 5
I	150 DEV 1/1/40		7 =>	1 0 1	1 7 91 9	U		

	4-261 HNO.			02	CERTIFIC	AIL	OF DEATH				
	AME OF DEC e ar Print)		Y FRA	ANKLI	N HOUSE	R	2, DATE AL SUAL RESIDENCE (	and hour of		1	:25 p. M
3. F	LACE IN BAL	TIMORE, MARYLAND, V	WHERE PRO	NOUNCE	D DEAD	4. U A. S	SUAL RESIDENCE (	Vhere deceased I	ved. If inst	itution: reside	nce before odmission)
FUI	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	STITUTION	I, GIVE STREET		Pa. I	ebanon		V	-35
IN S	SPITAL OR TITUTION	ADDRESS OR LOC	ATION)			C. <b>C</b>	ITY OR TOWN			E CITY LIMITS	
	0 - 1	715 Homesd	270 /	1 mon	10	F 6	Annvil			YES	NOK
		altimore,				E. 3		Main S	troo	+	
S. S		6. RACE			EVER MARRIED	□ B D4	TE OF BIRTH			If Under 1 Y	Yr. , If Under 24 Hrs.
U	ale	white	WIDOV	VED K	DIV ORCED [	<u> </u>	1/15/80	9. AGE (In y last birthday) 88		Months Doy	s Hours Min.
		JPATION (Give kind of war working life, even it retired)	rk 10B. KIND	OF BUS	INESS OR INDUS	TRY 11, B	IRTHPLACE (State or	fareign cauntry)		12. CITIZEN	OF WHAT COUNTRY
	armer		Own	Busi	iness		Penna.			U.S.	Λ.
	ATHER'S NA	ME				14. A	AOTHER'S MAIDEN	NAME			
		unknown					Amanda Pa	rson			
15.1	Vas Deceased	Ever in U. S. Armed Fo	rces?		SOCIAL	17. IN	FORMANT 47	5 Homes	dale	Ave AD	DRESS 21206
Yes		(If yes, give wor or do	les of servi		security no. -14-9787		lizabeth	_		3.4.0.0	
_	no		414	107-	CAUSE OF DE		.I.I.Zabe tii	n. Ball.	,	I AP	PPROXIMATE INTERVAL
	84.1.0	SE OR CONDITION D	IRECTLY		ant	endo	selesotic	Hea	1+A	Leave	EEN ONSET AND DEATH
	/ DISEA	LEADING TO DEATH			( INAM EDIATE	CALISE				o confe	
		asthonia ats It mann			(A) IMMEDIATE	AS A CON	SEQUENCE OF:				
		asthenio, etc. II meon pplication which couse		ose,		,		no.	0	2/10	
		ANTECEDENT CAUSE	S		in Cent	erios	elestic (	crel o va	scerla	no dige	
	DISEASES (	OR CONDITIONS, if	any, gi	ving			NSEQUENCE OF:				
		e above cause (A) 3 CONDITION last.	stating	the	(c)						
		11			(-/			1 1			
NO		ICANT CONDITIONS CO			Carcin	om	a of pro	tate g	(aus	1	
ATI	DISEASE OR C	H BUT NOT RELATED TO ONDITION GIVEN IN PA	RT 1 (A).								
ERTIFIC	19A. DATE OF	OPERATION 198. CO	NDITION F	OR WHIC	H OPERATION	2	OA. AUTOPSY? (Yes o	No) 20B, IF YE	S, WERE FI	NDINGS COI	N SIDERED TH?
ERT	O A ACCIDE	NT WAS UNDERLYING		03 P Pl 4	Cr Or Million /-			115	0 - 12	Chi	
	OF CONTRIBI	ITING TICALISE OF		home, fo	rm, factory, stree	, office b	ldg., INJURY OCCU	(17 1	n Baitimare	City, give exc	DCT (0 COTION)
0		medical examiner)									
	21 D. TIME OF INJURY	(Month) (Doy) (Year	(Haur)		URY OCCURRED	A/L:1	21F. HOW DID	INJURY OCCUR	?		
<	(APPROX.)			While A	At W	While D					
	22. I certify	that (1) (this haspite	al) attend	ed the de	eceased fram	-	1-9-	1969 10		8-5.	- 1969
	that (1) (we)	last saw the deceas	ed alive	an	7-31-	-	19 69 and	that in(my) (	aur) apin	ion death o	occurred on the dat
	and hour an	d from the causes sta	ated obav	e. (I) (W	e) (did) (did na	t) view t	he bady ofter dea	th.			
	23A. SIGNATU				-					23B. DATE SI	IGNED
		Jen Hlu	200	*	m.D	Attending Phys	Med.	Staff Phys.		8 -	5-69
	23 C. PHYSICIA	N'S			OEGREE	23 D. /	ADDRESS	,			,
	NAME (1	Juri Hi	nno.	M.D.			5002 F	rankfor	d Ave	enue	
24A	. BURIAL CRE				al CEMETERY of	CREMAT		. LOCATION		, town, or co	ounty) (State)
		MATION, 24B. DATE Specify)									
	CEMOVA J	8/8/6 BY HEALTH DEPT.		ME OF RE	Reforme			Cleana,			ADDRESS
200		000 000	5 0	0.0		-	SC SUNERAL DIRE	K Funer	al H	one. I	Inc.
n	1167	4hy Jakes E	Naus	W. M. D		0					Md.21213



SIRTH NO.  NAME OF DECEASED Type or Print)  DIVITAL DI	CERTITION	TE OF DEATH  2. DATE AND HOUR OF	
EDWIN EI	LTON WHEELER	Aug. 4, 19	69   1:30 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE I FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE  Md. 21213  C. CITY OR TOWN	D. INSIDE CITY LIMITS!
90 Gould Nursing F	Home	Baltimore E. STREET AND NUMBER 3408 Richmond	YES NO
	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In y.	
nale White WID  A. USUAL OCCUPATION (Give kind of work 10B, KI)  one during most of working life, even if retired)	OWED DIVORCED IND OF BUSINESS OR INDUSTRY	1/6/96 73  11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTR
	can Brewery	Baltimore, Md.	
Charles Wheele	er	Annie Rebecca l	Perkins
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or dotes of se		Miss Joan Wheeler	ADDRESS
heart failure, osthenio, etc. It means the dinjury or camplication which coused death.	iseose,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ise to the above cause (A) statin UNDERLYING CONDITION last.	giving DUE TO, OR AS	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, ise to the above cause (A) stotin UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	giving (B) DUE TO, OR AS (C)	Tul abetue,	
DISEASES OR CONDITIONS, if any, ise to the above cause (A) stotin UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 194. DATE OF OPERATION 198. CONDITION WAS PERFORME	giving DUE TO, OR AS OF THE COLUMN TO THE CO	20A. AUTOPSY? (Yes or No) 20B. IF YES	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any, isse to the above cause (A) stotin UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)  19A.DATE OF OPERATION [19B. CONDITION	giving (B)  DUE TO, OR AS  (C)  UTING MINAL  FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YE. IN CERTIFY	
DISEASES OR CONDITIONS, if any, ise to the above cause (A) stotin UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO THE DEATH AND THE TERM TO THE DEATH AND THE TERM TO THE TER	giving DUE TO, OR AS 19 the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YE. IN CERTIFY n or about 21C. WHERE DID (If in fifice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR	S. WERE FINDINGS CONSIDERED RING CAUSES OF DEATH?  In Boltimore City, give exact location)
DISEASES OR CONDITIONS, if any, ise to the above cause (A) stotin UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hou of INJURY (APPROX.)  22. 1 certify that (1) (this haspital) atterthat (1) (we) last sow the deceased aliverage of the contribution of the	giving DUE TO, OR AS ag the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YE. IN CERTIFY IN CERTIFY IN CERTIFY IN CERTIFY (If in property of the prope	S. WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?  In Boltimore City, give exoct location)
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DISEASES OR CONDITIONS, if any, ise to the above cause (A) stotin UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (House of Injury (APPROX.)  22. I certify that (I) (this haspital) attempted that (I) (we) last sow the deceased alix and haur and from the causes stated ab 23 CONTRIBUTION DT. CONTRIBUTION DT. CONTRIBUTIONS NAME (Type) DT.	giving  giving  DUE TO, OR AS  (C)  UTING MINAL  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., independent of the control	20A. AUTOPSY? (Yes or No) 20B. IF YE. IN CERTIFY In or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR  22F. HOW DID INJURY OCCUR	S. WERE FINDINGS CONSIDERED FING CAUSES OF DEATH?  In Boltimore City, give exoct location)  7  19 6 9  Our) apinion death occurred an the death occurred and the



(1) -200 69 7904 BALTIMORE CITY HE	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 7904
BIRTH NC.	REG. NO. 1914
I. NAME OF DECEASED (Type or Print)  WILLTAM JOSEPH WICK	2. DATE Known Month Doy Year Hour OF DEATH Estimated M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 2, 1969 11:45 P.M.
Alcazar Hotel Rm. 416	A. STATE  Maryland  B. COUNTY  Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Nov. 17, 1924   Indee 1 44   Indee 1 Yr. II Under 24 Hrs. Manths; Days Haurs Min.	E. STREET AND NUMBER
11. BIRTHPLACE(State or faretgn country) 12. CITIZEN OF	Alcazar Hotel Rm. 416
Baltimore, Md. WHAT COUNTRY?	John Wick
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
dane during mast of warking life, even if retired)	Gertrude Ryan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknown) (III yes, give war ar dates of service)  VES WW 2 217-12-9627	Gertrude Wick, mother, 218 N. Conkling
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Fatty	metamorphosis of liver
LEADING TO DEATH (A)IMMEDIATE (	
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED  2 . AUTOPSY? (Yes ar Na)
	(Partial) Yes
	In or about 22C, WHERE DID (II in Baltimare City, give exact location) obldg., etc.)
DF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
MHILEAT NOT	WHILE ORK.
23.	Ittal)
	topsy Ond that an this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	
ACTUAL SIGNATURE WILL MED MED	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER August 3, 1969
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, lawn, ar county) (State)

Park Baltimore, Md.

2sc. FUNERAL DIRECTOR Funeral HAPPRESSING.
3331 Brehms Lane
7 0 7 0

Burial 8/6/69 Lakeview Mem.

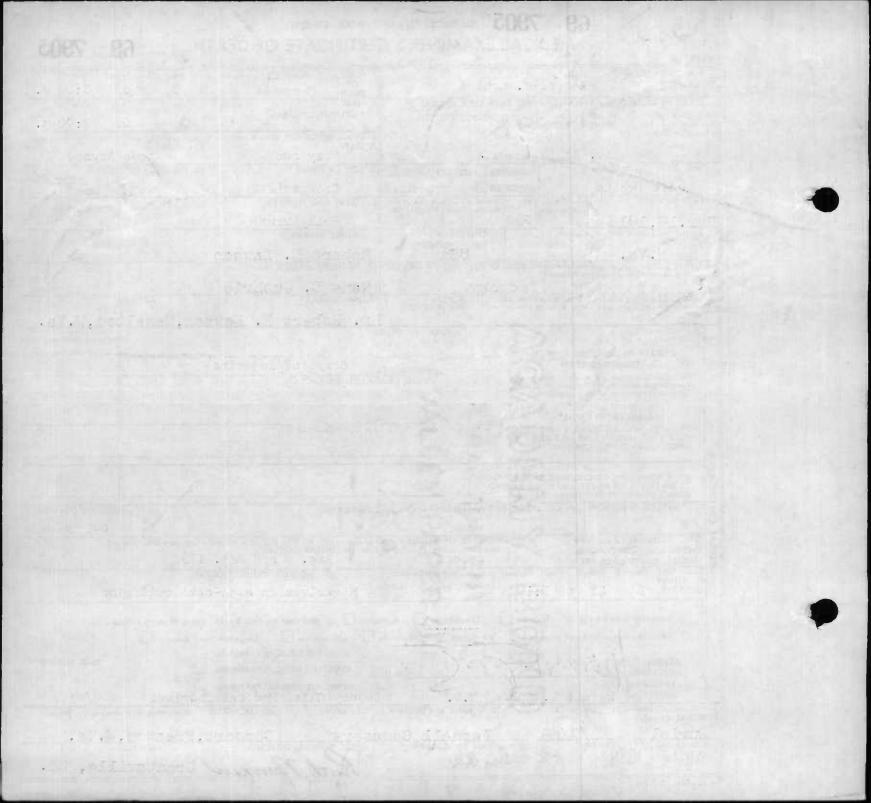
25A. DATE REC'D BY HEALTH DEPT.

AUG 7 1969 Udded C. Jackey Mem.

VS 151-REV. 1/1/68

, I and the state of t institution of the second of t

/- 75-0 69 7905 BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	H <sub>REG, NO.</sub> 69 7905
I. NAME OF DECEASED (Type or Print)  Robert G. Lawson	2. DATE Known 🔀 Month OF DEATH Estimated  8	3 69 3:00 p. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month PRONOUNCED DEAD 8	3 69 3:00 p. M
OR INSTITUTION  St. Agnes Hospital	5. USUAL RESIDENCE (Where deceased live A. STATE	ed. If institution; residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years   f Under 1 Yr.   f Under 24 Hrs.   Months: Doys   Haurs   Min.	Crownsville E. STREET AND NUMBER	YES NO
Mar. 13. 1916 53	Holly Trail	52-00
We Va. WHAT COUNTRY?  USA  14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	Robert E. Lawson	
Factory	Rena C. Guthrie	ADDRESS
(Yes, no ar unknown) (II yes, give wor ar dotes of service)  SECURITY NO.	Mr. Robert E. Laws	on.Hazelton.W.Va.
DISEASE OR CONDITION DIRECTLY		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
neuri joilure, asmenia, etc. il means the disease,	AUSE Cerebral injuries IS A CONSEQUENCE OF:	
injury or camplication which caused death.)  ANTECEDENT CAUSES (8)		
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
✓ 22A. EXTERNAL CAUSE WAS 228 PLACE OF INITIPY/o	in or about 22C WHERE DID /// is Baltimore	no
UNDERLYING CAUSE OF DEATH.  UNDERLYING CAUSE OF DEATH.  One, form, foctory, street, office street	Rte. 3 and Rte.	175 52-00
	WHILE driver in auto-a	
	opsy and that on this basis, d	eath in my opinion
resulted from: Natural causes Accident X Suicid	e Hamicide Undetermine CHIEF MEDICAL EXAMINER	ed manner D
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Werner U. Spatz, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  24C. NAME of CEMETERY	Deputy Chief Medical Expression CREMATORY 24D, LOCATION	(City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	etery Cuzzart	Preston, W. Va.
AUG 7 1969 Valer & Jacker, M. B.,	Ruth Newman	Grantsville, Md.
		<i>y</i>



d in a hospital and ing cause of death cause; (5) Deceased death. attendance 0 prior contributing becurred (4) Undetermined in regular eceased isposition 0 0 Was the death PO final attendance any pronounced 9 90 embalmed fracture regular who are 4 physician the chief medical remains MOS **Body burns;** physician the the 0 by 5 where hospital Ŷ uny nature; obtained 9 (except and 90

hospital death)

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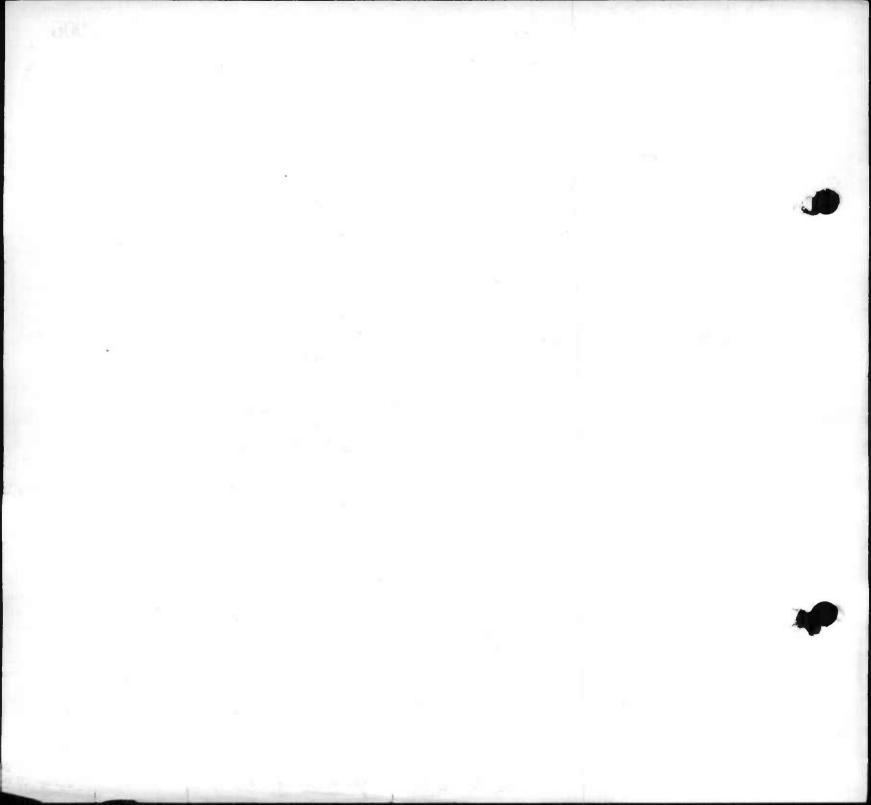
the body was released

his certificate

the Such

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BANKS 813/69 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, Il institution residence before
A, STATE
B, COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES TH HOSPITAL HOACINS NO E. STREET AND NUMBER 1115 5. SEX 6. RACE If Under 1 Yt. 8. DATE OF BIRTH 9. AGE (in years 7. MARRIED NEVER MARRIED If Under 24 Hrs. lost birthdoy MALE NEGRO WIDOWED. DIVORCED 6 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 1ad150N 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) 6. SOCIAL ADDRESS SECURITY NO. 1-6065 1111 CAROLINE 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ASPIRATION OF vontrus MINUTES (A) IMMEDIATE CAUSE IThis does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, osthenia, etc. Il meons the disease, injury or complication which coused death.) SUMILUMIPOSE STATE & SHOUL ANTECEDENT CAUSES 6 HOURS DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the "FULMINARY EMBILISM UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIGUGLIOLIND'S SINDRAME, PSENDOMONOS PROGRAMANIA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined (Doy) (Yeorl (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 7/12/69 1969 that((1) (we) lost saw the deceased alive on 601 and that in (my) (our) apinion death accurred on the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending \_\_\_ Med. Stoff 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS MO JOHN HOPKINS HOSPITOZ, BAZTIMORE DEGREE 24A. BURIAL CREMATION, 248, DATE (City, town, or REMOVAL (Specify) YCEM. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Bert m. CENTIAL HUE VS 150-REV. 1/1/68



M.D.

24C, NAME of CEMETERY or CREMATORY

Ronald N. Kornblum, M.D.

258. NAME OF REGISTRAR

24B, DATE

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

August 3, 1969

30 V V. Balvel ava

(City, town, or county)

ADDRESS

SIGNATURE

**EXAMINER'S** 

NAME (Type) 24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) CFIA

VS 151-REV. 3/1/68

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25C. FUNERAL DIRECTOR

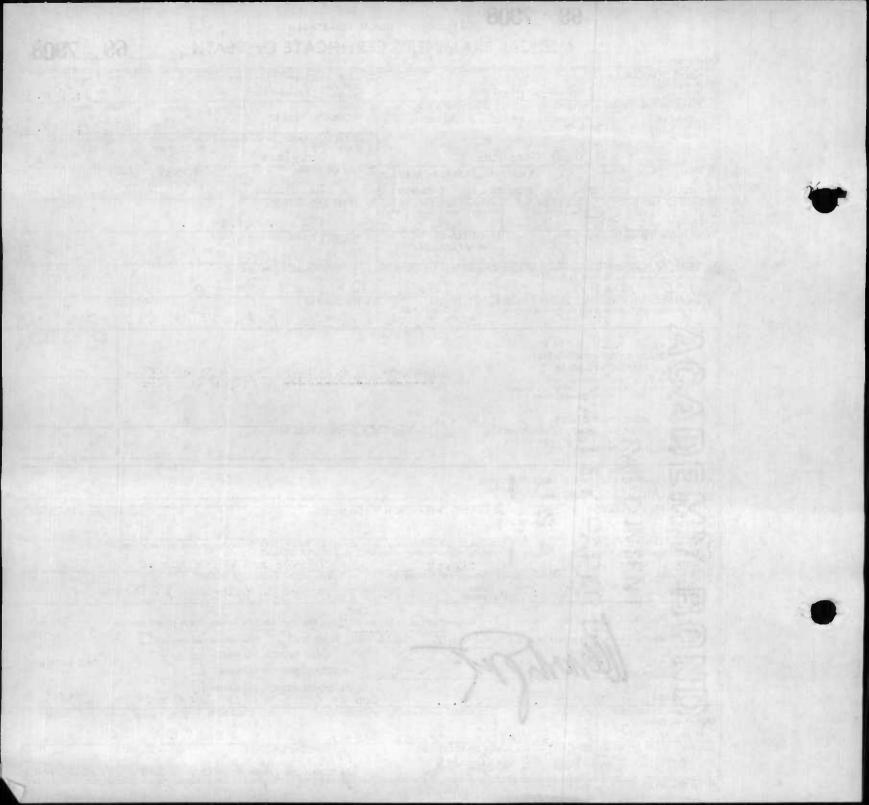
ADDRESS

304. n. Extrel as

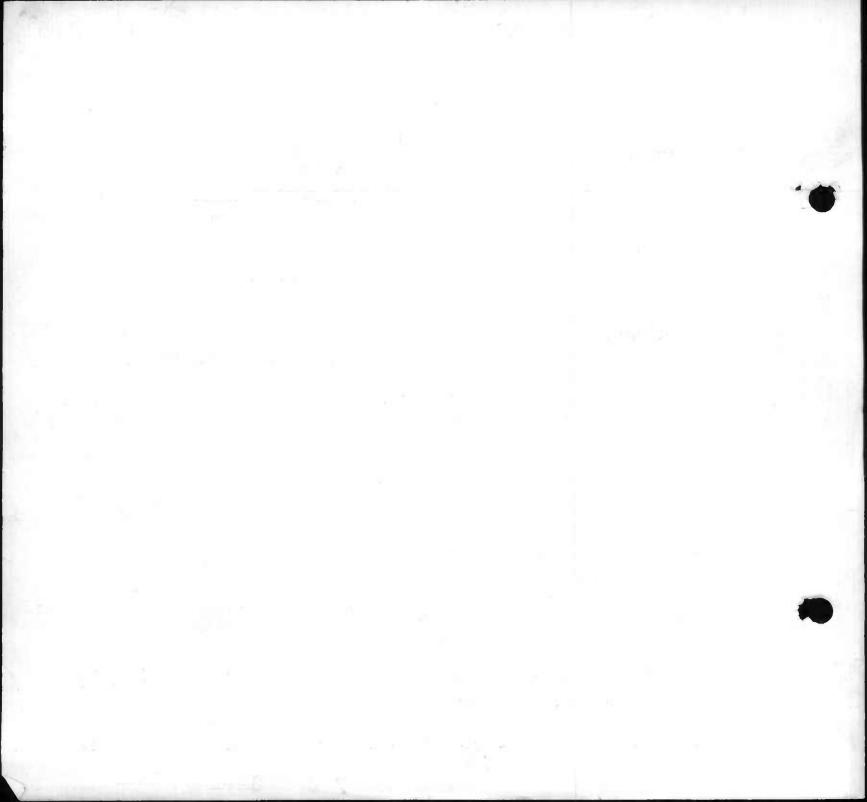
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR



)-5000 co more	HEALTH DEPARTMENT	9 7909
BIRTH NO. 64 - 172 X 2	TE OF DEATH	2 1000
(Type or Print)  BABY BOY SCOTT	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceosed lived. If institution: n	Mesidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE CITY C. CITY OR TOWN D. INSIDE CITY I	807
THE JOHNS HOPKINS HOSPITA		
33	E. STREET AND NUMBER	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Unde	T Yr. If Under 24 Hrs.
MALE NEGRO WIDOWED DIVORCED	7-21-09	72
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. 8IRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	LILLIAN SCOTT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 7 7/ / CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	TATE OF THE STATE	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CALL		2 12days
heort failure, asthenio, etc. It means the disease, injury or complication which caused deoth.)	A CONSEQUENCE OF:	,
ANTECEDENT CAUSES PVI	maturitu	12 days
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF!	12 ways
rise to the obove couse IA) sloting the UNDERLYING CONDITION last. (C)		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	lone	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
DONE NONE NONE 21A. ACCIOENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Boltimore City, giv	a quart la cattage)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notily medical examined	fice bldg. INJURY OCCUR?	e exoct locotion;
OF INJURY  (Month) (Doy) (Yeos) (Hous) 21& INJURY OCCURRED  While AI Not While	21F. HOW DIO INJURY OCCUR?	
Work At Work		
22. I certify that (I) (this hospital) attended the deceased from	7/21 1969 to 8/2	19.69
that (1) (we) lost sow the deceased alive on 8/2	1919and that in (my) (our) opinion dea	th occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) v		
William Sk 111 - 10 Atte	inding Med. Stoff (SQ)	E SIGNEO
23C. PHYSICIAN'S NAME (TYPE) LLIAM G. BARTHOLOME	S. Director Phys. Phys. 23D. ADDRESS	769
DEGREE  24A- BURIAL CREMATION, 124B- DATE  124C- NAME of CEMETERY OF CEN	THE JOHNS HOPKINS HOSPI	
Cremation 8/2/69 Johns Hopkins		A 1311.0
25A. OATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 7 1969 Color E. Jakes M. D.	25C. FUNERAL DISPOSAL	AODRESS MC
VS 150-REV. 1/1/68	A GRANT THE DID LODGE	<u> </u>

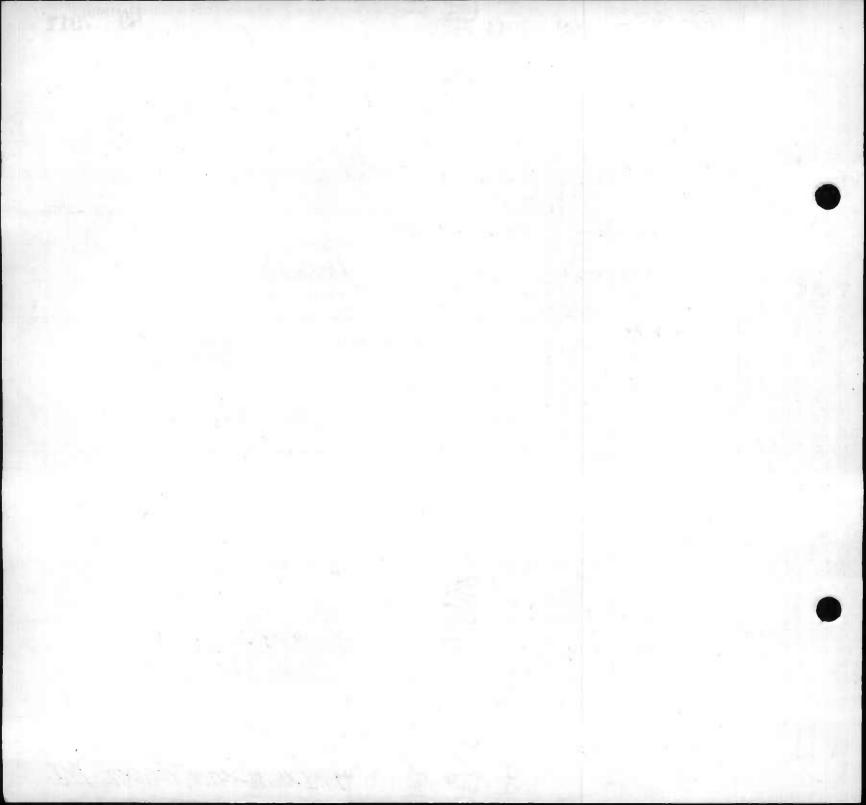


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C	E-43	3.6	69	791		Y HEALTH DEPAR		REG. NO.	69	7910
1.1	AME OF DEC	ELDER,	John	n David			2. DATE AL	ND HOUR OF DEA		169
C	SPITAL OR STITUTION	FICA ADDRESS	AND, WH	A MI	INCED DEAD DED 5-4-70	A, STATE  Maryla  C. CITY OR TOW  Perry  E. STREET AND	and Point	Cecil D. II	NSIDE CITY L	esidence before admission)
5.		ohns Ho				1149 F	lvenue		902	
M	ale	6. RACE White JPATION (Give kir	nd of work 1	WIDOWED	NEVER MARRIED DIVORCED BUSINESS OR INDUSTR	8. DATE OF BIRTH 4/28/20	19.	9. AGE (In years lost birthday) 4 9		T 1 Yr. If Under 24 Hrs. Days Hours Min. ZEN OF WHAT COUNTRY?
1	ledical o	loctor	10111001	Medica	ine	New York	k			USA
11	FATHER'S NAM					14. MOTHER'S N				
15	Was Dassard	Lder, SA	1.5				ine N	Michael		
(Te	es	(II yes, give wo	r or dotes	ol service)	16. SOCIAL SECURITY NO. 198-26-7056	Family n	ecords	ı		ADDRESS
	(This does not heart failure, injury or com  A  DISEASES Onise to the	E OR CONDITI LEADING TO I bil mean the m asthenia, etc. It plication which ANTECEDENT C R CONDITION obave cous	DEATH node of d meons II caused d CAUSES IS, if an e (A) s	lying, e.g., ne disease, leath.)	zo t	USE Ocacl	of:	Farline ngeshu Fo	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	OTHER SIGNIFI	CONDITION  CANT CONDITION  BUT NOT RELAT	NS CONT	TERMINAL	(C)	g water of	+000	A	iense	
CERTIFIC	19A. DATE OF	OPERATION 119 OPERATION 119 W T WAS UNDERLING CAUSE	AS PERFO	TION FOR W	PLACE OF INJURY (e.g.,	in or obout 21 C. WH	ERE DID	20B. IF YES, WER IN CERTIFYING		CONSIDERED DEATH?
DICA	DEATH (notify	medical examine	1)	(Hour) 21E	INJURT OCCURRED  o Al Work	21F. HO		URY OCCUR?		
	that (1) (we)	last saw the d	eceosed	alive on	(We) (did) (did nat)	19 657	and th	19 67 to at In (my) (our) o	pinian deat	19_67 Th occurred on the date
	23A. SIGNATU	en t	e	li	10 0	ending Med		Staff Phys.	23 R. DAT	1/30/69
	NAME ITY	eter To	masu:	lo,	M.D.	The Johr	ns Ho	okins Hos	pital	
24A	BURIAL CREA	AATION, 248, D			ME OF CEMETERT OF CR			-	City, town, o	county) (Stote)
	urial	Aug			raine Park (e	netery	Woo	dlawn Mar	uland	
<i>F</i>	1107 7	969 Tab		Jaiber	REGISTRAR	25C FUNERAL	DIRECTOR	Sons, Tows	on, Ma	ryland

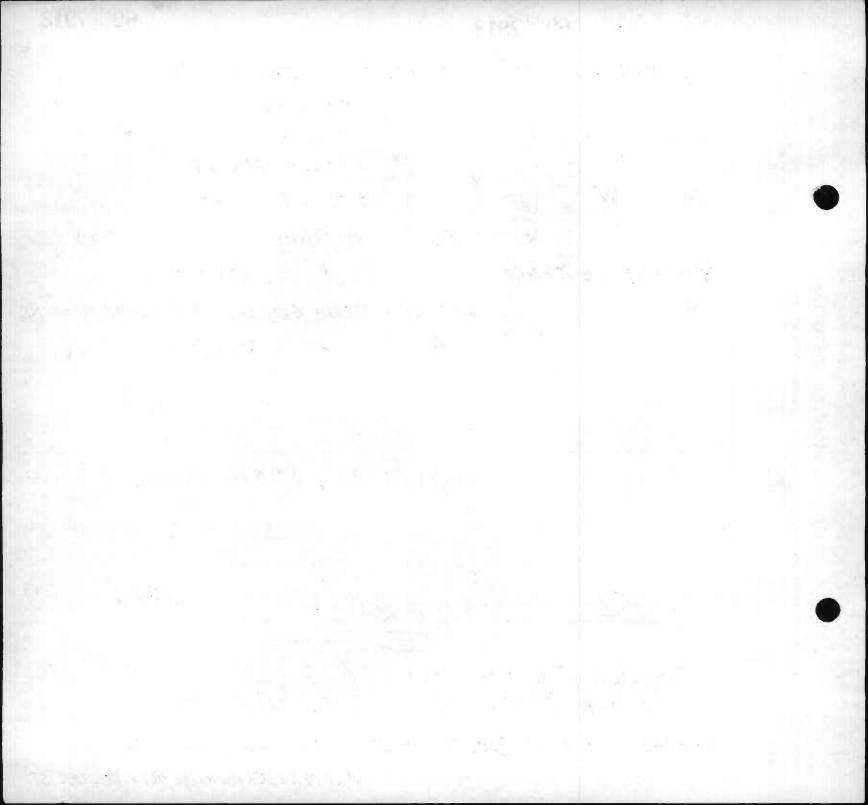
Birth Cert. 18574 fron New York State born April 19, 1920 - John David Elder Jr. 5-4-70 M.H.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO ATE OF DEATH Such and of death Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) RAKTKE uo BERRY DETTE a hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY (2) 00050 cause FULL NAME OF HOSPITAL OR INSTITUTION Qa. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? attend canse; 0 NOL MORE YES prior E. STREET AND NUMBER contributing MERCE occurred etermined is made regular 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. Months: Days If Under 24 Hrs. MARRIED NEVER MARRIED lost birthday Hours deceased MACE WIDOWED DIVORCED TOA USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 2. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Unde rusewift SD 13. FATHER'S NAME the direct 4 + assistant eath LO 15. Wos Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 17. INFORM AN ADDRESS 6. SOCIAL tinal SECURITY NO. attendance O dny CAUSE OF DEATH 10 18. pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the discose, examiner Uar aminer. injuly at camplication which coused deoth.) ANTECEDENT CAUSES who 5 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoting the the physician UNDERLYING CONDITION last. remains medical edical burns; MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body the chief 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED O IN CERTIFYING CAUSES OF DEATH? before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (5) (If in Boltimore City, give exact location) where to the hospital °Z MEDICAL DEATH (notify medical examiner) nature; by obtained 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Day) (Yeor) 21 E. INJURY OCCURRED 9 approved (except While At Not While F (APPROX.) Work At Work and any 22. I certify that (I) (this haspital) attended the deceased fram 19 19 and that in (my) (our) opinion death accurred an the date that (I) (we) last sow the deceased olive on be hospital death) of and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must accident was release Z3A. FIGNATURE 23 B. DATE SIGNED must Attending Med. Staff 0 Phys. Director \_\_\_ approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An D.O.A. BURIAL CREMATION, CEMETERY OF CREMATORY LOCATION deceased the body REMOVAL (Specify) written shows: MOS VS 150-REV. 1/1/6B

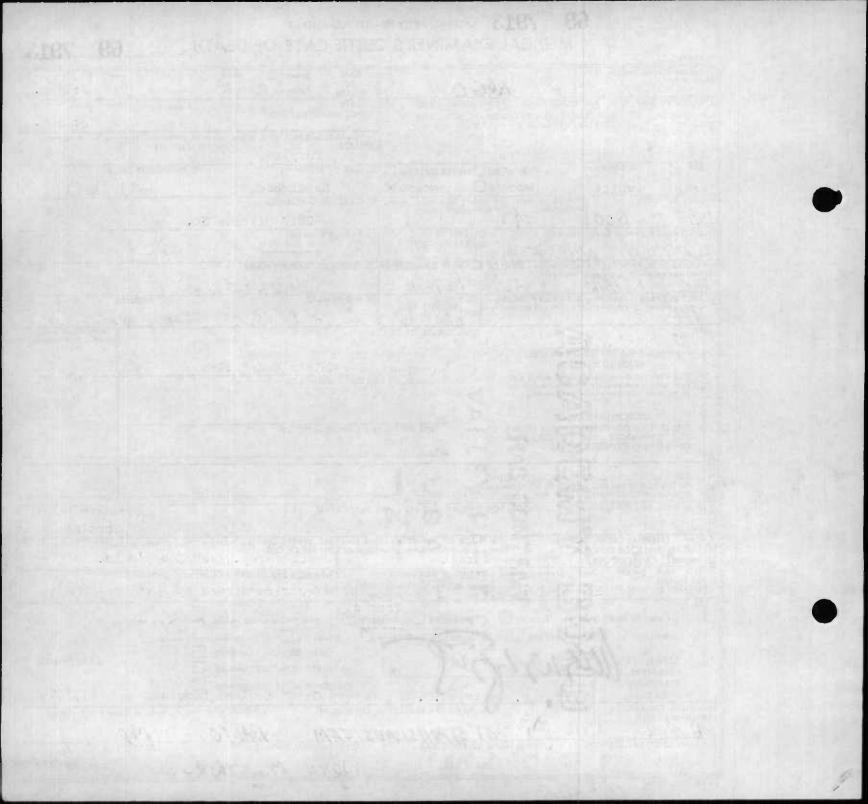


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# 75	P d d	2
bod bod	D. D.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the contributing cause of death the contribution of any cause of death the contribution of any cause of death the contribution of any cause of death the contribution cause of death the cause of death the cause of any cause of any cause of death the cause of any cause of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
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1	1		BALTIMORE CITY	HEALTH DEPARTMENT		00	120.40
(	7-35,2 69	7912	CERTIFICA	TE OF DEATH	REG. NO	69	7912
	H NO.	. 0.2.0	CLKTIITCA				
	ME OF DECEASED		F LAND MA	2. DATE AN	ID HOUR OF DEATH	3	
2 01	ACE IN BALTIMORE, MARYLAND, WI	W.	GUIFN	4. USUAL RESIDENCE (Whe	6,1967		Μ.
3. PL	ACE IN BALLIMOKE, MAKILAND, WI	HERE PRONOUNCE	DEAD	A. STATE B. COUN	TY	ntulion; residen	ce before odmission)
HOS	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION	N, GIVE STREET	MARYLAND C. CITY OR TOWN	ID. INSID	E CITY LIMITS?	641
	OHN HOPKINS H	DSPITAL		BALTIMORE		YES V	NO
V	المال المال المال المال	- 3/////		E. STREET AND NUMBER			
	33			5809 WAYER	KKK Ph		
5. SE	X 6. RACE	7. MARRIED X N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	, If Under 24 Hrs.
1	M W	WIDOWED	DIVORCED	5-1-07	lost birthdoy)	Months Doys	Hours Min.
04.1	USUAL OCCUPATION (Give kind of work	L		11. BIRTHPLA CE (State or fore	an country)	12 CITIZEN O	F WHAT COUNTRY?
	during most of working life, even if retired)			M . A street of	· · · · · · · · · · · · · · · · · · ·		a a
		FISHER	BODY	AUSTRIA		03	BA
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA			
V	INCENT GUTEI	VKO		1	BOBANKO	UIIFT	
5. W	as Deceased Ever in U. S. Armed Force		SOCIAL	17. INFORMANT	ישווקטיטי	ADD	RESS
A.	no or unknown) (If yes, give wor or dotes	of service	SECURITY NO.	Commence of the commence of	FOAG	1./01/	mac Dh
17	B	04/	CAUSE OF DEAT	SIELLA GUTEN	KD OOUT	WAIL	KOSS KV.
1	410.04 250.	9	CAUSE OF BEAT	000	1 4		OXIMATE INTERVAL
	DISEASE OR CONDITION DIR	ECTLY	My 8 C	udeal That	aud (M	/	110
- (	(This does not meon the mode of	dving. e.g	(A) IMMEDIATE CAL	A CONSEQUENCE OF:			<i>PU</i> (
- 1	heort failure, osthenio, etc. It meons	the diseose,	DUE TO, OK AS	A CONSEQUENCE OF:			
'	injury or complication which caused	death.)					
	ANTECEDENT CAUSES		(B)			1	
	DISEASES OR CONDITIONS, II o		DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the above cause (A) UNDERLYING CONDITION last.	slating the	(c)				
-			/	/3 /			
Z	THER SIGNIFICANT CONDITIONS CON	TRIBUTING A	him to	113. 1/2- 100	The Walle	1 7	->
<u></u>   1	O THE DEATH BUT NOT RELATED TO THE	E TERMINAL	yjaure	Hay, asone	res Merry	45 6	3 4,00
	9A. DATE OF OPERATION 198. CONE	DITION FOR WHIC	PERATION	20A. AUTOPSY? (Yes or No		NDINGS CON	SIDERED
ERTIFIC	WAS PERFO	ORMED	,		IN CERTIFYING CAUS	SES OF DEATH	1?
U 2	A ACCIDENT WAS UNDERLYING			n or obout 21C. WHERE DID	(If in Baltimore	City, give exoc	t locotion)
	DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, for	m, foctory, street, o	ffice bldg., INJURY OCCUR?		.,,	
U		(11 ) 275 044					
	PFINJURY (Month) (Doy) (Year)		JRY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
< (	APPROX.)	While At	Not While				10
2	2, I certify that (I) (this haspital)	attended the de	ceased from	19h	19 10	-6	1907
	hat (1) (we) last saw the deceased	/	-77 -to	10 1 4	()		
		0,			at in my) (aur) apini	an death occ	curred an the date
	and from the causes state	ed abave (I) (We	e) (did (did nat)	riew the body after death.			
2	3A. SIGNATURE	/	/ 1.	10		23B. DATE SIGI	NED (C)
	/ westers / 1	Mond	Phy Phy	minding Med. Director	Staff Phys.	1-6	-61
2	3C. PHYSICIAN'S	- (1)	11	23D. ADDRESS	+ 01	0 4	- 0/
	Thendore J.	1/12/11	6	429. 10%	110,04		
24A.	BURIAL CREMATION, 24B. DATE	24C. NAME	DEGREE OF CR	EMATORY 24D. L	OCATION (City,	, town, or coun	nty) (Stote)
-	REMOVAL (Specify)	0 44		240, 6	Clly,	, lowing or coun	(310ter
BO	KIAL 8-9-6	7 HOLY	ROSARY CE	METERY BA	LTIMORE	MARYL	AND
25A.	DATE REC'D BY HEALTH DEPT.	25B. NAME OF RE	GISTRAR	250 FUNERAL PRECTOR	, , , , , , , , , , , , , , , , , , , ,	A	ODRESS
HU	187 1969 16648 E. Y	lauber, M.D.	-	JOHN'IN WEBEL	24.50NSINE HE	315. EHE	STER ST.
VS 15	50-REV. 1/1/6B	The second		11.11.11.11.11.11	14-11-1		



A-650 69 7913 BALTIMORE CITY HE MEDICAL EXAMINER'S C	CEDTIFICATE OF DEATH	60 2046
BIRTH NC.	REG. NO.	09 /913
1. NAME OF DECEASED (Type or Print)	2. DATE Known St Month Doy OF Estimated 8 4	Yeor Hour 69 3:15 p
Claude AKGO  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 8 4	69 3:15 p. M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 8 4	40 0 15
OR INSTITUTION  ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institutions	- 17/1-
Hopkins Hospital	A. STATE Maryland B. COUNTY	601
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
male   white   WIDOWED □ DIVORCED 🔀	Baltimore YE	s* NO
9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr. If Under 24 Hrs. Manihs; Days; Haurs; Min.	E. STREET AND NUMBER	
JUNE 7 1900 69	2817 Orleans St.	
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	0
14A.USUAL OCCUPATION (Give kind of work) 48. RIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	<u> </u>
dane during mast of weeking lile, even il retired)  AUTO REPAIR	UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn)((If yes, give war ar dotes of service) SECURITY NO.	IB. INFORMANT AD	DRESS
YES 372-18-4897	NONALD ANGO 304 C	ARMEL AVE.
19. CAUSE OF DEAT	тн	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
(A)IMMEDIATE C (This does not mean the made of dying, e.g.,  (DUETO, OR A	AUSE Multiple Injuries AS A CONSEQUENCE OF:	
heart fallure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
ANTECEDENT CAUSES (R)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ö		Partial Partial
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give exace bldg., etc.) INJURY OCCUR?	t (ocation)
☐ UTING ☐ CAUSE OF DEATH. Street	e bldg., etc.) NJURY OCCUR? Pulaski Hwy. near Loney	's La.
22D. TIME (Manth) (Day) (Year) (Haur) 22E, INJURY OCCURRED	122F. HOW DID IN HIPY OCCUPS	
(APPROX.) 8 2 69 10:45 p. WHILE AT WORK	while pedestrian struck by aut	0
	rtial topsy X ond that on this basis, death in my o	
resulted fram:/Natural causes Accident Suicid		7
	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE SIGNATURE SIGNATURE	ASSISTANT MEDICAL EVANIAGES	DATE SIGNED
SIGNATURE AMD	ASSOCIATE MEDICAL EXAMINER	24-142
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ar county) (State)
BURIAL DUNE 8 1969 ST. STAMISLA	US CEM BALTO,	Mp.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DORESS 401 S.
AUG7 1969 P.C. & Jaben M.D.	JOHN M QWERER + SON	S INC. CHESTER ST.
VS 151-REV. 1/1/68		



	AME OF DEC		s The	dore Bentle		1969 8 30 AM
FUI	LL NAME OF	TIMORE MARYLAND, W	AL OR INSTITU	JNCED DEAD		institution: residence before odmission)  504  SIDE CITY LIMITS?
(	0	1904 McKes	an Aver	nue	Bal timore E. STREET AND NUMBER 1904 McKean Avenue	AE2 WO
5. s	ex [a] e	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  July 2,1915  9. AGE (In yeors birthdoy) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	e during most of	UPATION (Give kind of work working lile, even if retired) chanic	10B, KIND OF		11. BIRTHPLACE (Stote or foreign country)  Maryland, Johnstown	12. CITIZEN OF WHAT COUNTRY U.S.A.
	FATHER'S NA	ME Washingto	on Ben	tley	14. MOTHER'S MAIDEN NAME Dora Jackson	
15. \ Yes	Wos Deceased s, no or unknown Yes	Ever in U. S. Armed For (If yes, give wor or dote WWII	ces? es of service)	16. SOCIAL SECURITY NO. 214-01-950	17. INFORMANT Mrs. Virginia Bentle	y 1904 McKean Av
	18. DISEA	SE OR CONDITION DIL	RECTLY	CAUSE OF DEAT	Commence Wools to	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (A)  DUETO, OR AS A CONSEQUENCE OF:  (A)					
	DISEASES of	OR CONDITIONS, if e above cause (A) G CONDITION last.	ony, giving	(c) DUE TO OR AS	A CONSEQUENCE OF:  EXERCELENTES H.P	10 VII Alw
HON					CUCLO SCHOOL ST.	
=	TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL		c Paucreobles	2 pv1
ERTIFICATI	TO THE DEA DISEASE OR O	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	HE TERMINAL RT I (A). IDITION FOR Y	Clustus WHICH OPERATION	C Paucreolile3  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
L CERTIFICATI	TO THE DEA DISEASE OR O 19A. DATE OF 21A. ACCIDE OR CONTRIB	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198, CON	HE TERMINAL IT I (A). IDITION FOR Y FORMED	CLINU WHICH OPERATION  PLACE OF INJURY (e.g., ite, form, foctory, street, o	C Paucreolile3  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATI	TO THE DEA DISEASE OR O 19A. DATE OF 21A. ACCIDE OR CONTRIB	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 178. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	HE TERMINAL IT I (A). IDITION FOR Y FORMED  21B hom etc.	PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred lile At Not While	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. n or obout 21C. WHERE DID (If in Baltime ffice bldg., INJURY OCCUR?	AUSES OF DEATH?
MEDICAL CERTIFICATI	TO THE DEADISEASE OR (19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (1) (we	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medical examiner  (Month) (Day) (Year)  That (1) (this haspital)	HE TERMINAL IT I (A). IDITION FOR V FORMED    21B horr etc.   (Hour) 21E. Wh Wo   wo do live on	CLUTTURY WHICH OPERATION  PLACE OF INJURY (e.g., in the control of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.  n or obout 21C, WHERE DID (If in Baltime Injury OCCUR?  21F. HOW DID INJURY OCCUR?	ore City, give exact lacation)
MEDICAL CERTIFICATI	TO THE DEADISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (1) (we ond hour on 23A. SIGNATI	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF (Month) (Doy) (Yeor)  T that (1) (this haspital ) lost saw the decease d from the couses sto	HE TERMINAL IT I (A). IDITION FOR V FORMED    21B horr etc.   (Hour) 21E. Wh Wo   wo do live on	PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred life At Not White At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.  n or obout 21C. WHERE DID (If in Baltime fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  1963 to 0  1969 ond that in(my) (our) operiew the bady ofter death.	ore City, give exact lacation)
MEDICAL CERTIFICATI	TO THE DEADISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we ond hour on 23A. SIGNATI NAME (MARKET CONTRIBUTE OF INJURY CONTRIBUTE OF INJURY (APPROX.)	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 1785. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer  (Month) (Doy) (Yeor)  that (I) (this haspital ) lost saw the decease d from the couses sto URE	HE TERMINAL (T. I. (A).  IT I. (A).  IDITION FOR Y FORMED    21B horr etc.  (Hour) 21E.  Wh Wo   1) attended to ed olive on ted obove (1)	PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred life At Not White At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE IN CERTIFYING C.  n or obout 21C. WHERE DID (If in Baltime In	auses of Death?  ore City, give exact lacation)  196.9  pinion deoth occurred on the dot  238, DATE SIGNED  8-569

Coronay continue inter-Hyperform CV Harris " " Charac Pautinables 4 por my pressure up x 6358

25C. FUNERAL DIRECTOR

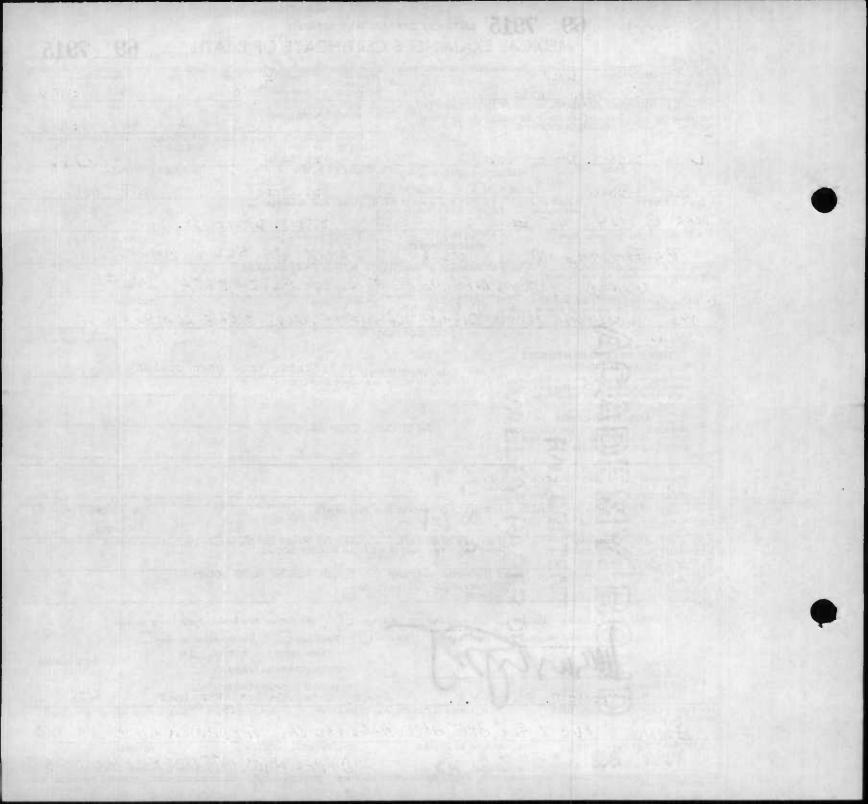
ADDRESS

BROS INC 1800 E LOMBORD SI

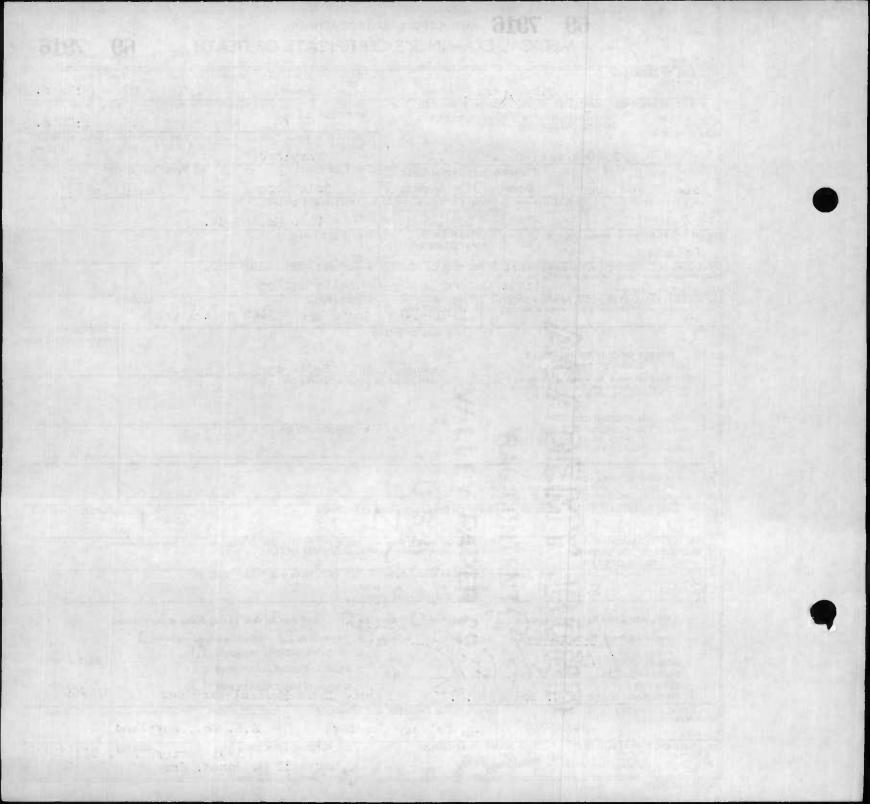
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR



VS 151-REV, 7/1/68

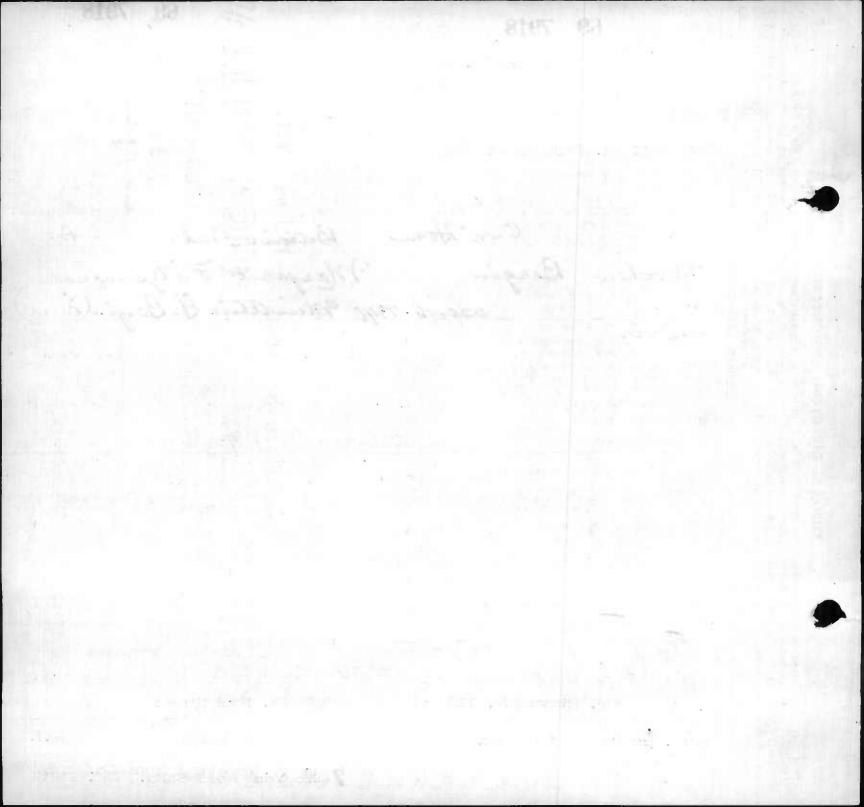


H-256 69 7917 BALTIMORE CITY HEALTH DEPARTMENT OF MEDICAL EXAMINER'S CERTIF	ICATE OF DEATH 69 7947
BIRTH NO.	REG. NO.
1. NAME OF DECEASED 2. DATE	Knawn 🔀 Month Day Year Hnur
(Type or Print)  Mary E. Heisner  DEATH	Estimated □ 8 4 69 5:52 p. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONG	8 4 69 5:52 p. M.
0.0 1.000000000000000000000000000000000	RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE	B. COUNTY
Hopkins Hospital  6. SEX 7. RACE 18. MARRIED ALEVED MARRIED TO ALEVED TO ALEVED MARRIED TO ALEVED TO A	Maryland  R YOWN  D. INSIDE CITY LIMITS?
MARKIED LI IVEVER MARKIED LO	
female white WIDOWED DIVORCED DIVORCED	Baltimore YES X NO L
last birthday) Months, Days, Haurs, Min.	AND NUMBER
April 15,1898 71 xx	431 N. Patterson Pk. Ave.
	R'S NAME
Maryland WHATCOUNTRY?	John Ernest Heisner
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTH dane during most of working life, even if retired)	
O	Mary Elizabeth Ellis Heisner
IA WAS DECEASED EVER IN U.S. APMED ECOCES? 117 SOCIAL 18 INFO	MANT ADDRESS
(Yes, no ar unknown) (If yes, give war ar dales of service)  SECURITY NO.  218 - 36- 3919 M1:	ss A. Euginia Heisner 431 N. Patter
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
418.4	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  Arteriosclero	cic cardiovascular disease
(A)IMMEDIATE CAUSE	
(this daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	QUENCE OF:
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	QUENCE OF:
II I UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFOR	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFOR	MED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, factory, street, office bldg., etc.)	22C. WHERE DID (If in Baltimare City, give exact location) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY  (APPROX.)  WHILE AT NOT WHILE	
23.	
1 certify that I held an Inquiry Inspection Autopsy	and that an this basis, death in my opinion
resulted fram Natural causes Accident Suicide	amicide Undetermined manner U
111000	CHIEF MEDICAL EXAMINER L
SIGNATURE M.D. ASS	ISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S ASS	OCIATE MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D. Deputy	Chief Medical Examiner 8/5/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATER CONTROL (Specify)	ORY 24D. LOCATION (City, lown, or county) (State)
Burial 8/8/69 Greenmount	
J J J J J J J J J J J J J J J J J J J	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C.	Baltimore, Maryland  FUNERAL DIRECTOR ADDRESS
	Baltimore, Maryland

Tanki V Syence min SAME THE STATE OF STREET STREET, STREE The Character Minimum A count of the - SES Tanky Sander Sans The The

VS 150-REV. 1/1/68

		BALTIMORE CITY H	HEALTH DEPARTMENT	69	7918
	69 7918	CERTIFICAT	E OF DEATH	REG. NO	
	1. NAME OF DECEASED (Type or Print)  Katherine C.	Murphy	2. DATE ANI	ust 5,196	9 1045 P.M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		A. USUAL RESIDENCE (Whole A. STATE B. COUNTY	deceased lived. If ins	titution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN.	D. INSID	E CITY MMITS? YES NO NO
6	00 3037 St. Paul Street		3037 St. Po	rulst	TES ET NO
made.	S. SEX   6. RACE   7. MARRIED   N   WIDOWED	DIVORCED B	9-14-75	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ion is	done during most of working life, even if retired)	Home	1. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
disposition	13. FATHER'S NAME	11	4. MOTHER'S MAIDEN NAM	NE 'S	, ,
final di		SOCIAL SECURITY NO.	7. INFORMANT	0. 01 1	ADDRESS
	no 22	CAUSE OF DEATH	o Thirell	luc Y. K	201911 DEVIL
or	DISEASE OR CONDITION DIRECTLY	CAOSE OF DEATH		1	BETWEEN ONSET AND DEATH
almed	LEADING TO DEATH	(A) IMMEDIATE CAUSE	Cerebral Mis	mbosis	3 days
alr	This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
a P	injury or complication which caused death.)  ANTECEDENT CAUSES	Carolina	l'arterisale.		2811201
0	DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS A	CONSEQUENCE OF:		. o gears
15 dr	rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	(c) Post th	youdectomy	nyxedema	
remains	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Previous	cerebrovase	lelow accu	dent year
e the	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
befor	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE	CE OF INJURY (e.g., in rm, factory, street, allic	or obout 21C. WHERE DID in bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
ained		Not While	21 F. HOW DID INJU	JRY OCCUR?	
obto	22. I certify that (I) (this haspital) attended the de	eceased fram	may 1	9 50 to Au	quet 5 19 69
pe	that (I) (we) last saw the deceased alive on	()	19 69 and the	nt in (my) (our) opin	Ion death occurred an the date
must	23A. SIGNATURE	Attend		Shaff	23B. DATE SIGNED
approval	23C.PHYSICIANS NAME (Type) Dr. Richard N. Ti		D. ADDRESS	Phys. $\square$ Paul Street	August 6, 1761
bb		OEGREE OF CREM			
ritten a	Rem. Burial 8-9-1969 St.	olumbia	Mi	iddletown,	(Stote) R.I.
writ	25A, DATE REC'D BY MIGHTH DEPT. 25 THANKE OF RE	GISTRAR	25C. FUNERAL DIRECTOR	Jenkins & S	ons Ma: 21212



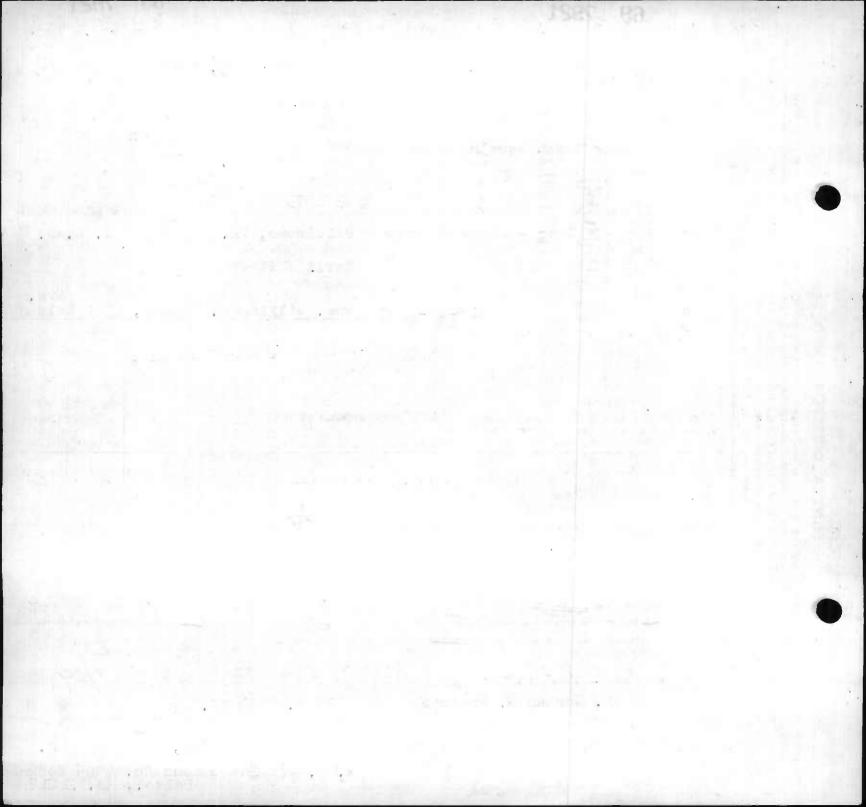
		mo.An	BALTIMORE CITY	HEALTH DEPART	MENT	69	7919	
	69	1919	CERTIFICA	TE OF DE	ATH REG	. No	1020	
BIRTH NO.		(Florence						
Type or Print)		nel Bosley	*	2.	8-4-1969	DEATH	12.	30 hm.
3. PLACE IN BALT	FICA.	AND, WHERE PRONO	INDED.	4. USUAL RESIDE A. STATE Maryl	B. COUNTY	lived. If institution	residence before	odmission)
HOSPITAL OR	ADDRESS	OR LOCATION)	8-13-69	C. CITY OR TOWN		D. INSIDE CITY	Y LIMITS?	
00	312 E	. 30th St		Baltimo	NUMBER	YES [	NO 🗆	
00				312 E.	30th Stre	et		
	6. RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In last birthday		nder 1 Yr. II Und	er 24 Hrs. Min.
OA. USUAL OCCU	PATION (Give kin		F BUSINESS OR INDUSTRY		tate or loreign country)	12. C	ITIZEN OF WHAT	COUNTRY?
	ervice	U.S.G	ovit.	Maryla			U.S.A.	
3. FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME			
Amos Bos	sley			Grace	Litter			
	Ever in U. S. A (If yes, give wo	rmed Farces? In or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Parahassas		owson	Ave
No		· ·	212-38-1843		Buchanan	208 W.	Pennsyl	
18.410	10		CAUSE OF DEAT	н			BETWEEN ONSET	
	E OR CONDIT	ION DIRECTLY		A 0		0.0	8	10-
		nade of dying, e.g.,	(A) IMMEDIATE CAL		- or you	releas	umm	ulule
heart failure,	asthenia, etc. I	t meons the disease caused death.)		A CONSEQUENCE O	" OQ_	Morele		
	ANTECEDENT				3	0		
			(B)	A CONSEQUENCE	^F.			
		NS, if any, giving se (A) sloting the	2.0	A CONSEQUENCE	OF:		0	
	CONDITION		(c).	Julan	en		read	)
	- 11 -	CETTANT		-				1-1-5
		ONS CONTRIBUTING					1	
	ONDITION GIVE	N IN PART 1 (A).	***************************************	1004	M N 12			
19A. DATE OF		9B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY?	(Yes of No.) 208, IF YI	S, WERE FINDING	F DEATH?	
U 21A. ACCIDEN	IT WAS UNDER	LYING    211	B. PLACE OF INJURY (e.g.,	n at about 21 C WHI	ERF DID "	In Baltimare City	give exact location)	
OR CONTRIBU	TING CAUSE	OF har	me, form, factory, street, a	ffice bldg., INJURY	CCUR?	Juliandre Olly,	Atta exect location)	
21 D. TIME	(Month) (Doy)	(Yeor) (Haur) 21 E	INJURY OCCURRED		V DID INJURY OCCU	R?		
(APPROX.)	/	W	hile At At Work	° 🗌	-			
22. I certify	that (I) (this	hospital) ottended	the deceased from	Fil 1	4 1966	Aug	1	968.
		deceased olive on		3 1969	and that in (my)		,	
			(I) (We) (did) (did not)			(- 5.) opinion u		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23A. SIGNATU		ses erdred obove.	(I) (ser (ala) (ala nor)	riew the body offe	er deoth.	228 0	ATE SIGNED /	
137.1310.171		6	A DIO AH	anding Med	I. Staff	23.00	1//	0
	cor!	Jan	DEGREE Phy		ctor Phys.	IH	ug 6/6	4.
23C. PHYSICIAL	ype)		D 1 1	23D. ADDRESS	NI	Charat		
	Dr.		Berstock	3500	N. Calvert	Street		
REMOVAL (S	MATION, 24B. I	DATE 24C. N	AME OF CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town	n, or county)	(State)
Burial		8/69 M	oreland Mem.	Park	Parkvill	e. Balt	o.Co.	Md.
	BY HEALTH DE		OF REGISTRAR	25C. FUNERAL	DIRECTOR		ADDRESS	
AUG (	1202 7	over E. Tarb	THE BOY	A Henrous	ARY CONK P	bad Balto	., Md.	21212
	D 44 mA							

	69 792	20		HEALTH DEPARTMENT	REG. NO.	69 7920
BIRTH NO.			CERTIFICA	TE OF DEATH	6	9
1. NAME OF DECEA!		OOPER		8/	D HOUR OF DEATH	12130 P. M
3. PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	e doceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		Buet.	SIDE CITY LIMITS?
3 STONA	SHOPKI	NS H	OSPITAL	E. STREET AND NUMBER	ty 6	YES P NO
5. SEX  6.	RACE	12		3/02/30	recolly ST	
F	N	WIDOWED		12-04-1904	9. AGE (In fears	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dane during most of work	ing life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or tole)  South C		12. CITIZEN OF WHAT COUNTRY
IS FATHER'S NAME	usee	1		14. MOTHER'S MAIDEN NAA		03/1
	7			Charity	?	
15. Was Deceased Eve (Yos, no or unknown) (If	r in U. S. Armed Far yes, give war ar dote	ces? s af sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	.1. 9	ADDRESS
1B. /	1.1		CAUSE OF DEATH	accura Ca	Men-	APPROXIMATE INTERVAL
	PRICONDITION DIR	RECTLY		1/ + 0	No. +	BETWEEN ONSET AND DEATH
(This does not heart foilure, ost	mean the mode of	the diseose,	DUE TO, OR AS	SE V ENTREME	1 Togalo	<u> </u>
	alian which coused ECEDENT CAUSES	deam.	nc	. 112		
			(B) 73	A CONSEQUENCE OF:		***************************************
	CONDITIONS, if bave couse (A)		(C)	A CONSEQUENCE OF:		
	- 14					
TO THE DEATH BE DISEASE OR CON	NT CONDITIONS COI JT NOT RELATED TO TH DITION GIVEN IN PART	TE TERMINAL	***************************************	failure,		
U 21A. ACCIDENT	ERATION 198 CON	ORMED ,	HICH OPERATION	20A-AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTIN	VAS UNDERLYING COMMENTS	home		ar obout 27C. WHERE DID	(If In Boltima	re City, give exoct location)
21D. TIME (M OF INJURY (APPROX.)	onth) (Day) (Year)  Well		e At Wark	21F. HOW DID INJU	IRY OCCUR?	
22. I certify tha	(1) (this hospital)			7/27	9 69 to 8/	6 19 69
	t saw the decease		8/6			nian death accurred an the date
and have and fro	m the causes stat	ed obave. (1)	(We) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE	R. Sara	l	MD DEGREE Phys	ding Med.	Stoff D	23 % DATE SIGNED
23C. PHYSICIAM'S NAME (Type)	R. Sa	ral	M.D	3D. ADDRESS Johns H	opkins ,	Hospital
24A. BURIAL CREMAT	ION, 248, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ty, tawn, or county) (Stote)
Bural 25A. DATE REC'DONY	8/11/6	9 73	alto, nat	25C FUNERAL DIRECTOR	alto"	MA
AUG 7 196	المراجعة المراجعة	1	900	O Earl Sa	lmore,	827 W. North and

The goods the Florida 17 04 19 - 14 RIDE VICTORIO 1927 WHE

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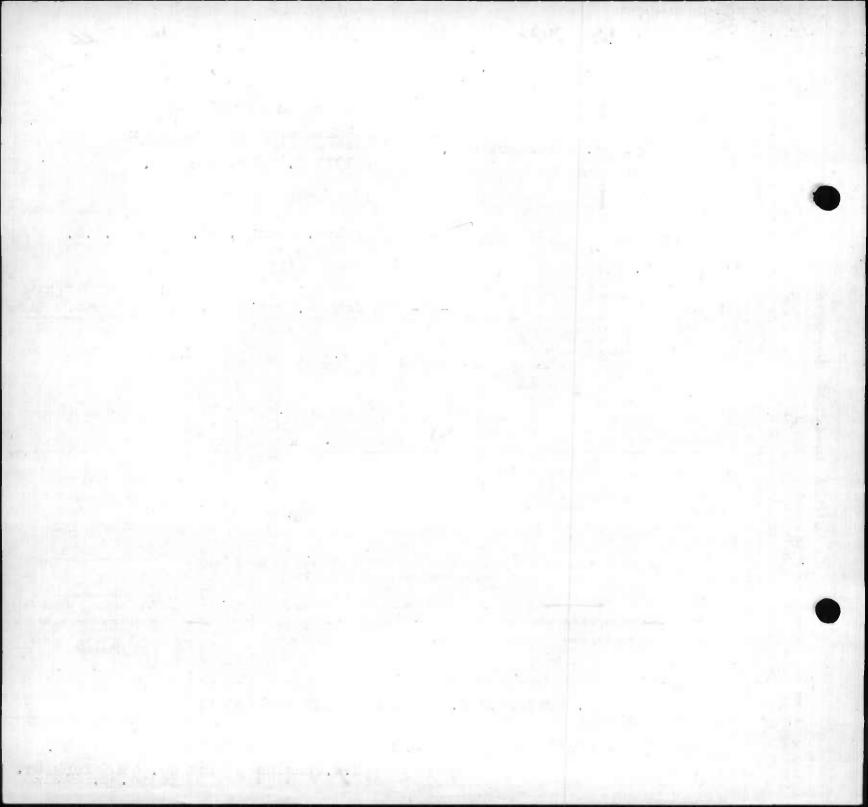
	69 7921		BALTIMORE CITY	HEALTH DEPA	RTMENT		69 702
OLA LITALIA			CERTIFICA	TE OF DI	EATH	REG. NO	69-7921
INAME OF DEC	CEASED				DATE A	ND HOUR OF DEATH	
Type or Print)	Anna	Alde	n Stoke	S		st 5, 1969	11
B. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD	4. USUAL RESIL	B. COU	ere deceosed lived. If i	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	Mary 1: c. city or low Balti:	and		IDE CITY LIMITS? YES NO
90	Long Green	Nursin	g Home	E. STREET AND		pts.	
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	тн	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hr Months: Doys Hours Min.
F	W	WIDOWED	DIVORCED	2/23/18	73	96	10013
	UPATION (Give kind of work	10B, KIND OF BU	ISINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTS
	(working life, even if refired)  Lry -Retired	- John	s Hopkins	Balti	more,	Md.	U. S. A.
3. FATHER'S NA				14. MOTHER'S	MAIDEN NA	AME	
Bradl	ey Tyler St	okes		Maria	Whit	ney	
5. Wos Deceose	d Ever in U. S. Armed Ford	ces?   16	SOCIAL	17. INFORMANT			ADDRESS
	n) (II yes, give wor or dote		SECURITY NO.	3/6-	.7277	II G. 1	Ave.
No		21	6-46-1392 CAUSE OF DEAT		MITTI	am H. Stok	ces, 4300 Roland
UNDERLYIN OTHER SIGNI	OR CONDITIONS, if of above couse (A) IG CONDITION lost.  IFICANT CONDITIONS COLUMN CONDITIONS COLUMN CONDITIONS COLUMN CONDITIONS COLUMN COLUM	sloling the	(c)	he			6-2
	CONDITION GIVEN IN PAR	T 1 (A).	ICH OPERATION	20 A. AUTOPS	y? (Yes or h	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING CUTING CAUSE OF	21 B. PL. home, etc.)	ACE OF INJURY (e.g., form, lactory, street, o	in or obout 21 C. W ffice bldg., INJURY	HERE DID	(II In Boltimo	re City, give exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. IN While Work	JURY OCCURRED  At Work	le 🗇	OW DID IN	JURY OCCUR?	
that (I) (we	y that (I) (this boseits) I last saw the decease and from the causes stat	attended the	deceased from	6/16			inian death accurred on the do
23 C. PHYSICI, NAME (	ANS RF	n R. Fr	OEGREE Phy	23D. ADDRESS	ed. irector   W. 29	Stoff Phys. D	8/7/69.
23 C. PHYSICI	ANS Type Dr. Norma		OEGREE Phy	23D. ADDRESS	W. 29	th St.	8/7/69 i
23 C. PHYSICI, NAME (	ANS Type) Dr. Norma  EMATION, (Specify)  O (O ((see	24C. NAM	OEGREE Phy	23D. ADDRESS	W • 29	th St.	S/7/69, Sity, town, or county) (State)



BALTIMODE	CITY	HEALTH	DEPARTMENT
BALTIMORE	CILT	HEALIH	DEPARIMENT

BIRTH NO.	39 792	2 CERTIFICA	TE OF DEATH	REG. NO	65 7922
(Type or Print)	Mabel	G. Robins	on Aug	ust 6, 196	9   ~
3. PLACE IN BALTIMORE,	MARYLAND, WHE	RE PRONOUNCED DEAD		here deceased lived. If	institution: residence before odmission)
	NOT IN HOSPITAL DRESS OR LOCATION	OR INSTITUTION, GIVE STREET ON)	Maryland c. CITY OR YOWN	D. IN	SIDE CITY LIMITS?
00 1313	E. Belve	dere Ave.	Baltimore E. STREET AND NUMBER	elvedere A	YES NO
5. SEX   6. RACE	17.	MARRIED ANGUER MARRIES A	B. DATE OF BIRTH		1 1/ 11 1 1 1 1 1 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1
F	W	MARRIED NEVER MARRIED NIDOWED DIVORCED	1/22/1890	9. AGE (In years lost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION done during most of working li		B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
Homemaker		Own Home	Balto. Cou		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Hugh C. Ge			Mary Lill	<u>y</u>	
S. Wos Deceosed Ever in Yes, no or unknown) (If yes,	U. S. Armed Forces give wor or dotes of	of service) SECURITY NO.	17. INFORMANT		ADDRESS 21234
No 18, / / 2 / 9		215-48-825	John G. Ro	binson,950	5 Powderhorn Lan
DISEASES OR CONTISE IN THE OBOYUNDERLYING CONTINUE TO THE SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO THE DISEASE OR CONTINUE TO	n, etc. II means the which caused de DENT CAUSES  NDITIONS, if any accuse (A) stollion last.  II  ONDITIONS CONTO TRELATED TO THE NO GIVEN IN PART 1	e disease, sath.)  (a) Due to, or A:  (b) Due to, or A:  (c) Committee (c)	a consequence of:  erial Pays  a consequence of	berfensions cellifico	2/272 FINDINGS CONSIDERED
E O	WAS PERFOI	RMED	Tho	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF exomines)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID iffice bldg., INJURY OCCUR	(If in Boltimo	ore City, give exact location)
OF INJURY (APPROX.)	(Doy) (Year) (	Hour) 21E. INJURY OCCURRED  While At Not White At Work	21F. HOW DID	NJURY OCCUR?	
		attended the deceased from	may	19 50 to	aug 4 1969
that (I) (wa) last so					inian death accurred an the da
23A. SIGNATURE	ne causes stated	above. (1) (We) (did) (did not)	view the bady after deat	n.	23B, DATE SIGNED
Frede	ich QU	Collect Market Phy	ending Med. pirector  23D. ADDRESS	Staff Phys.	aceg 7, 1969
23C. PHYSICIAN'S NAME (Type)		lerick J. Vollme	r 6100 Yor	k Road	
24A. BURIAL CREMATION REMOVAL (Specify)	, 248. DATE	24C. NAME of CEMETERY of CR		LOCATION (	City, town, or county) (Stote)
Burial	8/8/69	Joudan Park		al timore	Md.
25A. DATE REC'D BY96	TH DEPTE S 22	9 5 9 0 0	Hry Jenkin	- 64	o 1905 York Rd

VS 150-REV. 1/1/68



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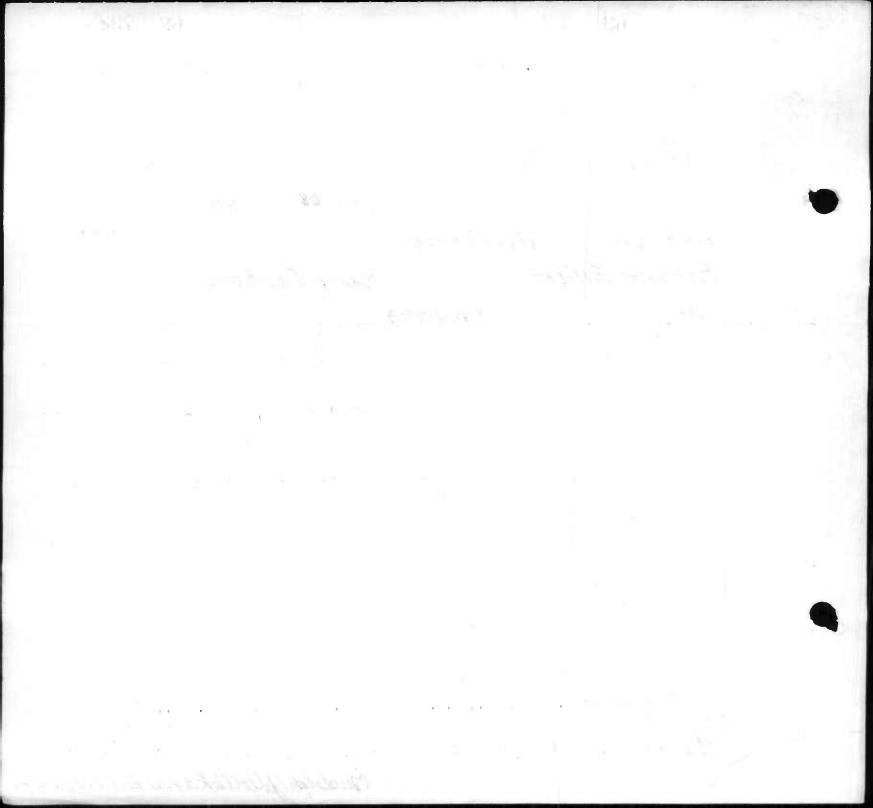
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deati shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl written approval must be obtained before the remains are embalmed or final disposition is made.

7923	BALTIMORE CITY HEALTH I	DEP
1040	CERTIFICATE OF	

TH	DE	PA	RT	M	EN	17	
-	-	-	_		-		

REG.	NO	69	7923
REG.	NO.	UU.	ION

		69	792	R.			F DEATH	REG.	No.69	17	923	
	TH NO.	EA CED			CERTIFICA	AILO						
	pe or Print)		reston	W. Jac	ckson			ugust 2,		1	7:30 AM	M.
3.	PLACE IN BAL	TIMORE MA	RYLAND, W	HERE PRON	OUNCED DEAD	4. USU	AL RESIDENCE INTE	ere deceased i	ived. If ins	titution: re	esidence before adn	nission)
FU HC	LL NAME OF	IIF NOT	IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	MA	RYLAND OR TOWN		ID INSI	E CITY LI	80 E	<u> </u>
						BA	LTIMORE			YES T	поП	
	Balti <b>im</b> o				A CORPONI A MENTIC		ET AND NUMBER	OT THE COL				
_			riand		ASTERN AVENUE		10 NORTH W			2121	3	
5. 5	MAKE	6. RACE NEGRO	)	7. MARRIEI	NEVER MARRIED DIVORCED	8. DATE	0F BIRTH ./2/08	9. AGE (In y lost-birthday)	eors	Months:	Doys Hours	24 Hrs. Min.
10A	USUAL OCCU	PATION (Give	kind of work		OF BUSINESS OR INDUST	1 1		reign country)		12. CITI:	ZEN OF WHAT CO	UNTRYP
don	abor	vorking life, eve	en if retired)	1	ehouse		MARYLAND				U.S.A.	011111
13.	FATHER'S NAM	AE				14. MO1	HER'S MAIDEN NA	AME		-		
1	Solrey	7+ E	Hint	-		Ma	ny dan	KSOK				
15.	Wes Deceased s, no or unknown)	Ever in U. S.	Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFO	MANTORDS:	4940 EA	STERN	AVEN	ADDRESS	
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 01 00111001	1944		TIMORE, MA					
$\vdash$	18.	VI			918-01-919115 CAUSE OF DEA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				APPROXIMATE INTO	RVAL
	DISEAS	E OR CONE	ITION DIE	ECTLY						- [	BETWEEN ONSET AND	DEATH
		LEADING TO		4.4	(A)IMMEDIATE C	AUSE D	ehydration	i			72 hour	20
	(This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenio, etc. II means the disease, injury or complication which caused death.)											
		NTECEDEN				- 1 - 1 - 1						
	DISEASES O	R CONDITI	ONS. II	any, givin	(B) DUE TO, OR A	OCIKIN AS A CONSI	S Disease	Stage	4-B		8 month	21
	rise to the above couse (A) sloting the											
	ONDEREINING		14 1021		(c)				************			
NOL	OTHER SIGNIFI	CANT COND	TIONS COL	NTRIBUTING	Athero	sclero	tic vascul	ar dise	250		5 years	
CAI	DISEASE OR CO	ONDITION GI	VEN IN PART	1 1 (A).	WHICH OPERATION							
CERTIFICATION	noi		WAS PERF	ORMED	XXXXX	204.	AUTOPSY? (Yes or N	IN CERTIFI	NERE FI	SES OF E	CONSIDERED DEATH?	
	21A. ACCIDEN OR CONTRIBU	T WAS UND	ERLYING	21	B. PLACE OF INJURY (e.g.	in or obout	21C. WHERE DID	(If I	n Boltimore	City, give	e exact location)	
EDICAL	DEATH (notify	medicol exon	nined m	O et	ome, farm, foctory, street,	otice pidg.	XXXX					
EDI	21D. TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour) 21	& INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR	?			
2	(APPROX.)	XXXX	x	w	Thile At TXX Not Will Work At Work	hile ZXX	XXX					
	22. I certify	that <b>U)</b> (thi	s hospital	) attended	the deceased from	7/29		19 69ta	8/2		19_6	0
	that (1) (%2)	last saw th	e decease	d alive an	8/1/69	19	69 and t			an deat	_	-
	and have and	from the co	uses stat	ed, abave.	(i) (We) (did) (did mot)							
	23A. SIGNATU		0/	1	1 40	Hending [	Med.				E SIGNED	
	23 C. PHYSICIAI	N°S	K-11	reci	OEGREE P	23D. ADD	Director L	Staff Phys.	l	8/2/6	09	
	NAME (Ty		ge H.	Sack,	Jr., M.D.		N. Broadwa	y, Balto	. Md.	, 212	205	
24A	BURIAL CREA	AATION, 248	DATE	24C.1	NAME of CEMETERY of C	E AOAO	TACOMIDNA AN	LOCATION	OTTAS	lown, o	427 224	lote)
	BUY 16	9.1 0.	-6-6	9 11	+ Caluani	10m	Dingers	WWO F	2044	dol	P- M	1.
25A	DATE	1989	DEPT.	258 NAME	REJEBINAR /	25C.	FUNERAL DIRECTO	R AAL	D CON	UE!	ADDIESS	
	100 0011 0011		ř.	1	DAND	0 1	warlah, O	Collie	K24	31 E	Dliver	Sti
VS	150-REV. 1/1/6	В					0	1000				



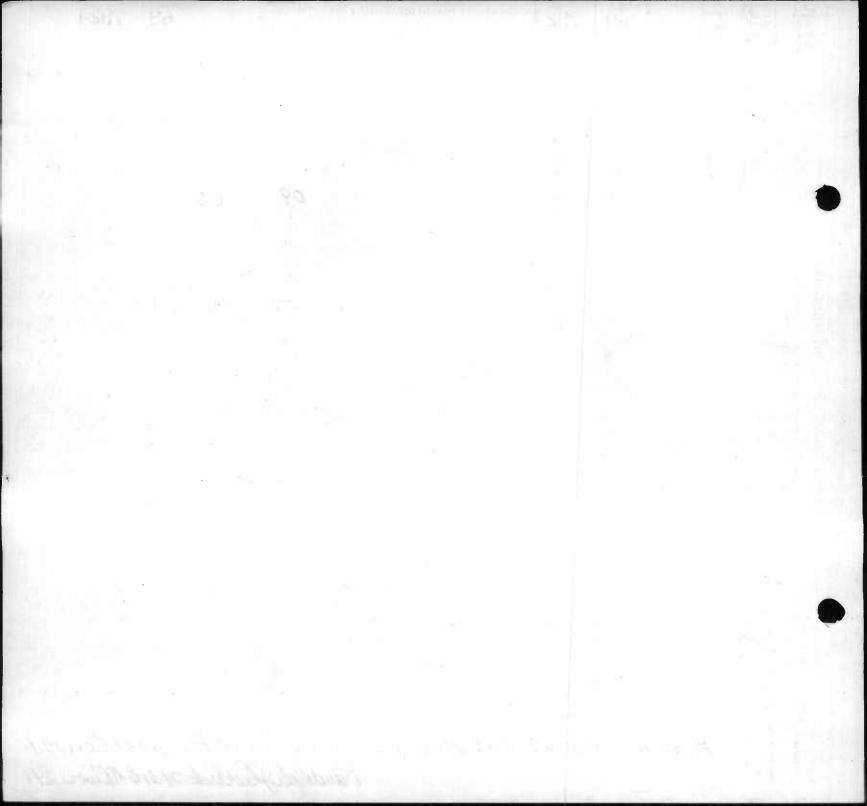
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## BALTIMORE CITY HEALTH DEPARTMENT

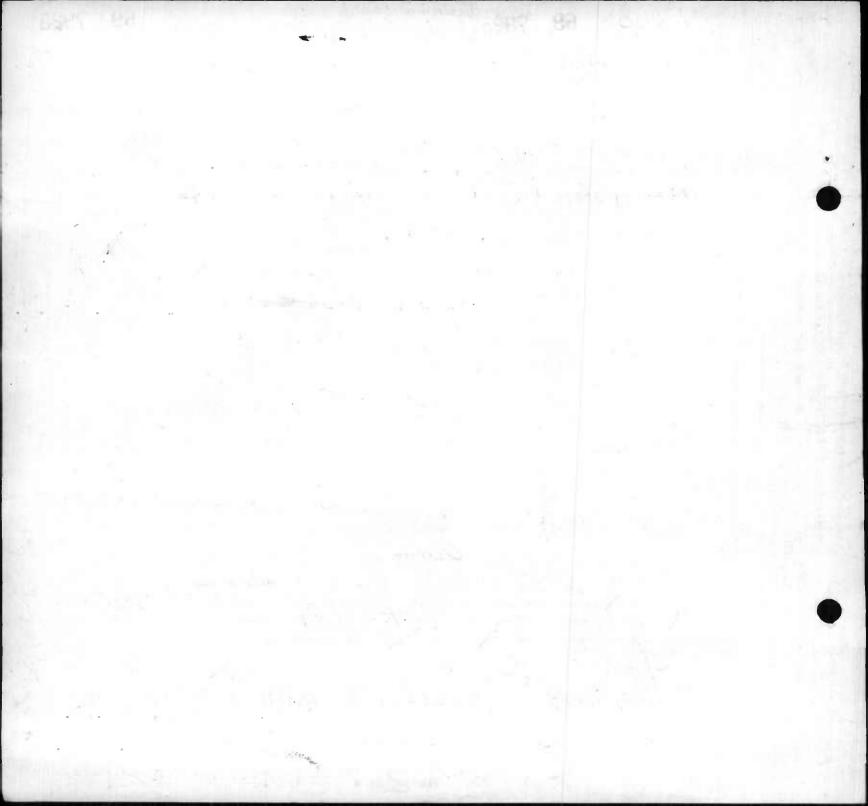
		69	7924
REG. N	NO	69	FUL.

BIRTH NO. CERTIFICA	ATE OF DEATH
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Roscoe (1) arren	8/5/69 / AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decensed lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md, 704
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Boltimore City Hospitals	Balto. YES X NO
	E. STREET AND NUMBER
4940 Eastern Avenue Baltimore, Maryland	827 N Dallas St 21205
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE/OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Male Nogra WIDOWED DIVORCED	6/25/09 6D
IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	11: min (2) (1) (A)
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ch hand	
(reorge Warren	hugy lanes
5. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (II yes, give wor ar dates of service)  SECURITY NO.	17. INFORMANT \ 4940 Eastern Avenageress
Unkurun 213-09-22	74 BCH: RECORDS Baltimore, Maryland
18. CAUSE OF DEA	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	DETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Probable racid-base d. 5/ hours
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	IS A CONSEQUENCE OF: electrolyte imbakeros
injury or complication which coused death.) Hypoxi	
ANTECEDENT CAUSES	le carinoma of lung & diagnosed
DISEASES OR CONDITIONS, if ony, giving DUEYIO, OR A	AS A CONSEQUENCE OF
rise to the above cause (A) stating the Matasta	aspec to spinel column c
UNDERLYING CONDITION lost. (C)	tratory musclo insufficiency
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 100
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL U > P \ \ C	Shock (2) Garatenous decubilis
	20A. AUTOPSY? (Yes or Nol) 20B. IF YES, WERE FINDINGS CONSIDERED
26/16/69 HOGTESSIVE WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
	i, in dr obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, etc.)	olfice bldg., INJURY OCCUR?
U O	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At Work	* 4
22. I certify that (1) (this hospital) attended the deceased from	8/1 19 69 to 8/5/5 1967
that((1)) we) lost sow the deceased alive on	
and hour and from the causes stated above (I) (We) (did) (did not)	view the body after death.
23A. SIGNATURE	23B. DATE SIGNED
	strending Med. Staff A. Staff
23 C. PHYSICIAN'S	122D ADDRESS
NAME (Type)	D + Tale
24A. BURIAL CREMATION, 124B. DATE 124C, NAME OF CEMETERY OF C	
REMOVAL (Specify)	CREMATORY 24D. LOCATION (Gity, town, or bounty) (Stote)
Bunjal 8-8-69 Mt (2/VANY)	Cenetery HANNE Anundel Co., Md.
25A. DATE REC'D BY WEALTH DEPT. E 200 NAME OF PUBLISHER	25C FUNERAL DIRECTOR ADDRESS
AUG 1 1000	Vandalph Heallick 24316 (Uliver St.
VS 150 BEV 1/1/48	



M-200	69	7025		ITY HEALTH DEF		REG. N	10	69	7925
BIRTH NO.	00	7925	CERTIFIC	ATE QF	DEATH	REG. I	٧٥		1000
1. NAME OF DECEAS (Type or Print)	MIKE	, JOHN				nd Hour of 1	1969	hal	01:45p
3. PLACE IN BALTIM	DRE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RE A. STATE	B. COUL	ere deceased liv	ed. If institution	n: residenc	e before odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTIO	N, GIVE STREET	Maryla c. City OR TO	own		D. INSIDE CI	TY LIMITS?	131
5 /	more Co	its Ho.	spital=	Balt:	imore ND NUMBER		YES	<u>Sc</u>	NO 🗌
	ern Avenue	Baltimor		24 2421 1	Wellbrid	ge Dr.	2123	14	
	White	7. MARRIED X I		B. DATE OF B		9. AGE (In year lost birthdoy)	Mon	Inder 1 Yr. oths Doys	If Under 24 H Hours Min.
A. USUAL OCCUPA	TION (Give kind of work					1		CITIZEN O	FWHAT COUNT
one during most of work  Drafting	g' Design	Balto.	Gas & Elec	Ne.	w York			USA	
3. FATHER'S NAME	,				S MAIDEN NA	ME			
A	dam Mike			Bar	bara	Forma	an		
S. Wos Deceosed Ever	r in U. S. Armed For	rces? 16.	SOCIAL SECURITY NO.	17. INFORMA	NT	_ 0,7110	0	ADDE	RESS +
No	, co, g		2-16-7087	BCH-	Records	4940	Easter	A Ave.	Ball to Mi
18. = 910	(01	80	GAUSE OF DE	ATH					OXIMATE INTERVAL
	R CONDITION DI		I Bil	ateral 7	neur	nomia		5	1
	MDING TO DEATH	dving &	(A) IMMEDIATE						2 croys
heort foilure, osti	nenio, etc. It meons	the disease,	DUE TO, OR	AS A CONSEQUEN	ICE OF: JU	GMERS	1001		
	olion which coused ECEDENT CAUSES	7 1	The Da	1		Can	111000	-0	
N 10 00 00		The second	(B)	AS A CONSEQUE	NCE OF	H3C V	WATE	<u> </u>	
	CONDITIONS, if		502 10, 0	AS A CONSEQUE	NCL OT.				
UNDERLYING C	ONDITION Iosi.	5.	*(c)						
Z	11	LITOLOGIA (	la.						
TO THE DEATH B	NT CONDITIONS CO UT NOT RELATED TO TI	HE TERMINAL	-						
	ERATION 198. CON	IDITION FOR WHI	CH OPERATION	20 A. AUTO	PSY? (Yes or N	o) 20B, IF YES,	WERE FINDI	AGS CONS	SIDERED
	WAS PERI	FORMED		No		IN CERTIFIE	NG CAUSES	OF DEATH	1.5
OR CONTRIBUTION	WAS UNDERLYING	21 B. PLA	CE OF INJURY (e	g., in or obout 21 C., office bldg., INJU	WHERE DID	(If in	Boltimore City	give exoct	locotion)
DEATH (notify me	dical exomined	etc.)	Ocean	1	85-2x	ex de	can 6	ity,	MN
OF INJURY	onth) (Doy) (Year)		JURY OCCURRED		HOW DID IN	JURY OCCUR?	SANK	IN	OCEA
(APPROX.) 7-	20-69	205 While Work	Not At W	White W	IND U	IAS-L	ATER	REY	VIVED
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	om the causes stat		(e) (did) (did	t) view the bady					
23A. SIGNAT YRE		tinda	11	3			23 B,	DATE SIGI	NED/ 2
Stra	ucio co +	gewen	_M.D.	Attending Phys.	Med. Director	Staff D	. /	Megu	of 3,19
23C. PHYSICIAN'S NAME (Type)			OEGREE	23D. ADDRESS	0 14	V 14	- 1		<i>L</i> 1
NAME (Type)	FRANCI	SCO TO	JADA,	MD	BALTE	1. (1kg	NO	Spe 1	als.
24A. BURIAL CREMA		24C. NAME	of CEMETERY or	CREMATORY	494U E	LOCATION A	(City, to	wn, or coun	Md 212
Burial	011	1969 Gar	rdens of I	aith	F	llerton	Bal	to	Md.
25A. DATE REC'D BY		25B. NAME OF R			ERAL DIRECTO		Det	AI	DDRESS
AUG7	1959 Robert	E. Jaben	M.DO O	1 7-a sis	ahri Furi	eral Home	7/101	Belair	Road

Robert E. Naber M.D. 1969 Fureral Home a saahri Belair Road



стур	e or Print) J		E. STAY	LOR		ust 6, 1969	A
FUI	L NAME OF			ONOUNCED DEAD	Maryland B. COL	YNTY	institution: residence before edmiss
INS	TITUTION	ADDRESS OF	K LOCATION		C. CITY OR TOWN  Baltimore	D. IN:	SIDE CITY LIMITS?
0	0 5	800 Oakvie	w Rd. Ap	t A	E. STREET AND NUMBER 5800 Oakview	Dd Ant A	TESE NO
S. S	FX	6. RACE	7. AAA D	RIED - NEVER MARRIED		9. AGE (In yeers	If Under 1 Yr. , If Under 24 I
	emale	Whi te	WIDO	WED DIVORCED	☐ March 11,19		Menths Deys Hours Min
		UPATION (Give kind werking life, even if		D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote er fe	ereign ceuntry)	12. CITIZEN OF WHAT COUN
	Hou	sewife			Maryl	and	USA
3.	ATHER'S NA				14. MOTHER'S MAIDEN N	AME	
		Jose	ph Kauf	mann		Sophia	Schutler
15. V	Wes Deceesed	Ever in U. S. Am	med Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No			216-28-28	37 Mr. Raymond	Staylor S	r. (Same)
	18. 7 , /	VAL		CAUSE OF D			APPROXIMATE INTERVA
	heart foilure, injury or car  DISEASES  iise to th	asthenio, etc. It mplication which ANTECEDENT C OR CONDITION e above cause G CONDITION to	AUSES S, if any, give (A) stating	ease,	AS A CONSEQUENCE OF	lers pelers	sie 3 yes
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made to me to

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-500	69	7927		HEALTH DEPARTMENT		69 79	27
1.	RTH NO. NAME OF DECEASI	ED		CERTIFICA		AND HOUR OF DEATH		
IL	4	SNOW, E			AUG	UST 5, 1969		11:40
3,	PLACE IN BALTIMO	DRE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (V.	here deceased lived. If in	stitutions residence be	fore odmission)
ШH	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND C, CITY OR TOWN	HOWARD	IDE CITY LIMITS?	300
	112	ST. AGNE	S HOSP	ITAI		ITY		o □X
	70	or. Adm	20 11031	ITAL	E. STREET AND NUMBER	R		
5	SEX  6, 8.	ACE	T-		SANDHILL R			
	MALE	WHITE	WIDOWED		08/13/80	9. AGE (In years lost birthday) 88	II Under 1 Yı. II Months Doys Ho	Under 24 His.
10. do	A. USUAL OCCUPAT ne during most of working	ION (Givs kind of work to life, even il retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or f	oreign country)	12. CITIZEN OF WE	AT COUNTRY?
11	ETIRED		SELF E	MPLOYED	NEW HAMPSH	IRF	U.S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	10.3.A.	
EI	DMOND SNO	W			MARY (NEE R	(CHARDSON)		
15.	Was Deceased Ever	in U. S. Armed Fore	ces?	6. SOCIAL	17. INFORMANT	T OTHER DOTT /	ADDRESS	
	YES	Mexican Bo		SECURITY NO.	ST. AGNES H	OSPITAL DEC	OPDC	
	18.	1	1 401	CAUSE OF DEATH		USFITAL REC		ATE INTERVAL
		CONDITION DIR	RECTLY		0 /	,	BETWEEN ON	SET AND DEATH
		DING TO DEATH	1.1.	(A) IMMEDIATE CAU	SE Peri fonit	to aspiral	ted	
	hearl failure, asthe	eon the mode of enio, etc. it meons tian which caused	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	Pm.		P
	ANTE	CEDENT CAUSES		(a) Car	eino mates	is i perto	til	
	DISEASES OR C	ONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	7 / /	rucen	***********
	UNDERLYING CO	NDITION last.	stating the	(0)	large bo	and		
		11			***************************************			
OL	OTHER SIGNIFICAN	T CONDITIONS CONTROL	NTRIBUTING					
CAI	DISEASE OR CONDI	TION GIVEN IN PART	1 (A).	*************				
CERTIFICATION	2	WAS PERF	ORMED	IICH OPERATION	YES	No. 208, IF YES, WERE F	INDINGS CONSIDER	ED
CAL	21A. A CCIDENT W. OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF col exominer	21 B, P! home, eic.)	ACE OF INJURY (e.g., in farm, foctory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exact lacet	(on)
MEDI	21 D. TIME (Mot	nth) (Doy) (Yeor)	(Hour) 21 E, 11	NJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
2	(A PPROX.)		While	At Not While				
	22. I certify that	(I) (this hospital)				1969 to AUG	1181 5	10 60
	that (i) (we) lost	saw the deceased	d olive on	AUGUST 5	19.69 ond	that in (my) (our) apin		on the date
	and haur and from 23A. SIGNATURE	the causes state	ed obove. (i) (	We) (did) (did not) vi	ew the bady ofter death	•		
	2	D		Atten	dia - Mad -		238, DATE SIGNED	
	23CAHYSICIANS	r Desuit	vang,	M - DEGREE Phys.		Staff Phys.	08-05-69	
	23C/PHYSICIAN'S NAME (Type)	MA Done	AICCOLOA.			),MD 21229	1111111	
24.4	BURIAL CREMATIC		NSCUAN	' DEGREE		SP; CATON &	WILKENS	AVES.
	REMOVAL (Specify Burial	8/9/69	Cres	etlawn		erriottsville	, town, or county)  Md.	(Stote)
25 A	UG 7 1969	0000	Barber M.			e,4112 Colum	oia Pike El	licott
VS	150-REV. 1/1/6B		- 1		/	NE	U10	y Md.

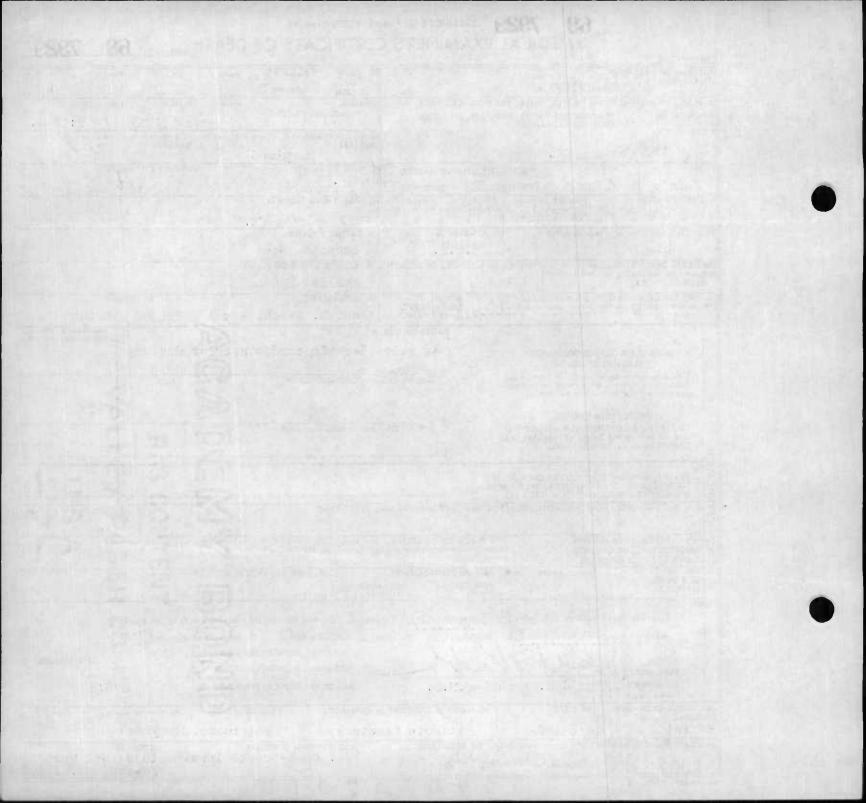
A S Para Laboratoria Lors E (Corporation) de la Talan 

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE Known DX Day Month Year Hour (Type or Print) OF CLARENCE KNIGHT August 2, 1969 Estimated DEATH AA. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF August 2, 1969 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY 3809 Greenway Maryland 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED Male White Baltimore WIDOWED DIVORCED YES X NOL 9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER last birthdoy) Manths | Days | Hours | Min. 11/15/1894 3809 Greenway 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME II WHAT COUNTRY? West Virginia unkno n 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) unknown 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT 17. SOCIAL ADDRESS (Yes, seor unknown) (If yes, give yor or doles, of service) 3/28/17-6/25 19 SECURITY NO. 162-16-5665 Mr. J. Chas. Beasley, 3809 Greenway APPROXIMATE INTERVAL 19 CAUSE OF DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenia, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO (c)\_ 11 CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-228. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (II in Boltimare City, give exact location) hame, larm, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Hour) 22E.INJURY OCCURRED (Yeor) 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) AT WORK WORK 23. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion

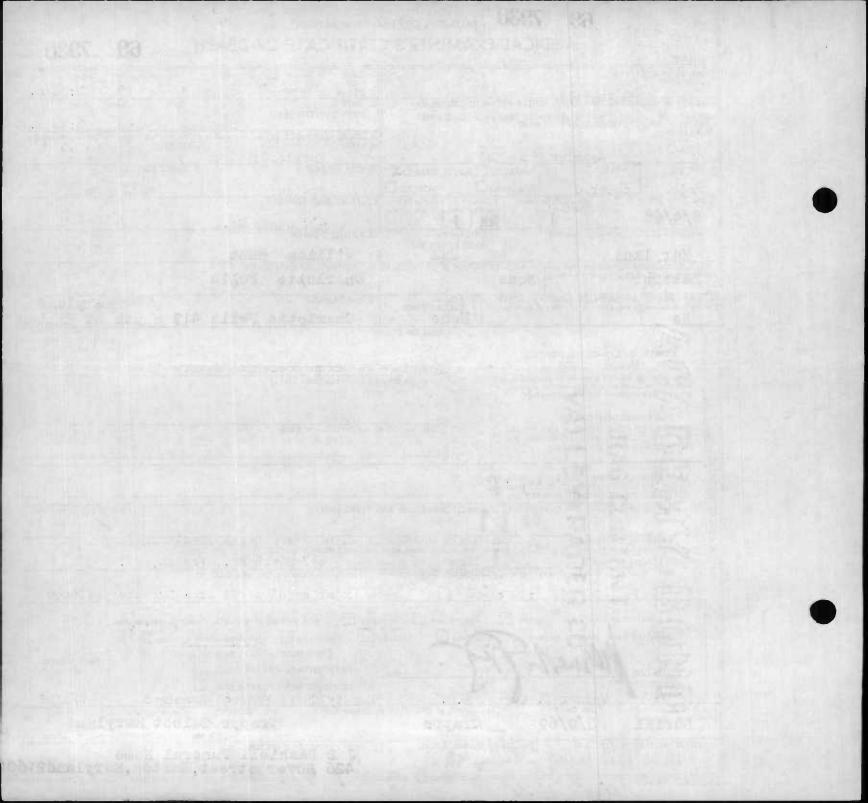
BETWEEN ONSET AND DEATH resulted from: Notural couses K Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER August 3, 1969 NAME (Type) 24A, BURIAL CREMATION. 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, lawn, or county) (State) REMOVAL (Specily) 8/8/69 Loudon Park Cemetery Baltimore, Maryland 25 A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Witzke Catonsville, 1630 Edmondson ave Jaber M. E Valent E VS 151-REV. 1/1/68

CHE TO THE THE PERSON HERE The same of the sa R-260 69 7929 BALTIMORE CITY HEALTH DEPARTMENT

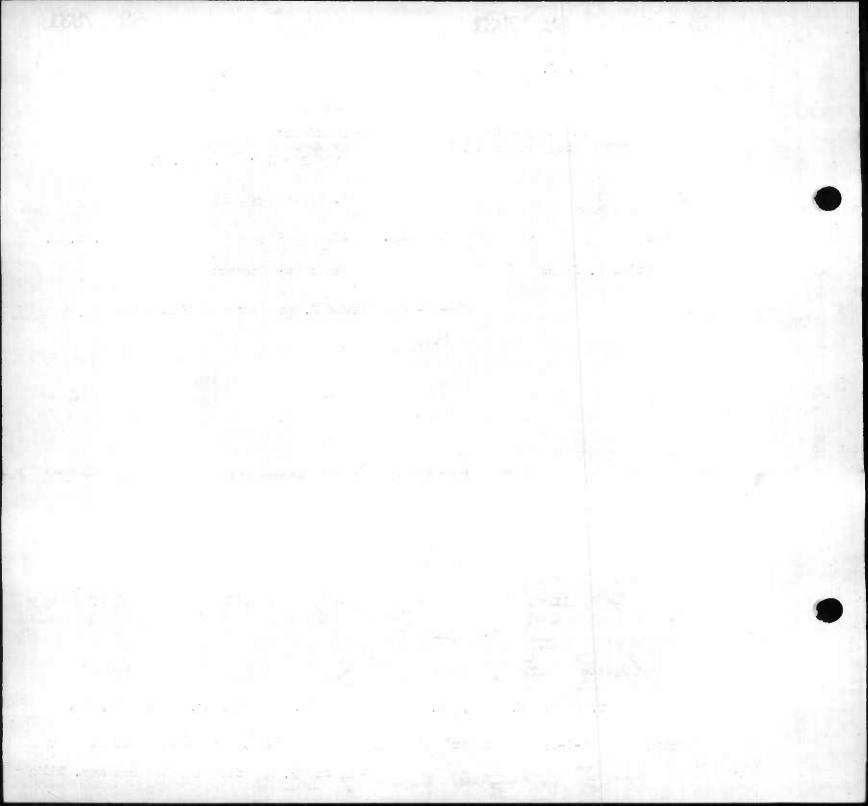
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	59 7929
I. NAME OF DECEASED	2. DATE Known   Month Doy	Yeor Hour
SUPHIA RICKER	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION   ADDRESS OR LOCATION)	August 6, 1969 S. USUAL RESIDENCE (Where deceased lived. # institution: res	9:12 A.M.
287 Herring Ct.	A. STATE B. COUNTY Maryland	361
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITSY
Female White WIDOWED DIVORCED	Baltimore YES K	No 🗆
9. DATE OF BIRTH IO. AGE (In years If Under I Yr. II Under 24 Hrs. Igst birthdoy) Months 1 Days 1 Haurs 1 Min.	E. STREET AND NUMBER	
10-16-1884   84 Yrs 86	287 Herring Ct.	
11. BIRTHPLACE (State or lareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Ohio WHAECQUNTRY?	Leopold Heck	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Homemaker Home	Amelia Epping	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRE	
no212-09-7404	Elmer L. Smith, Box 37, Elton,	Florida
19. CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular disease	
LEADING TO DEATH	CAUSE	
heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which caused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS DEDECORMED IO	AUTORCUR /V N-V
Ö ,	ZI.	AUTOPSY? (Yes or No)
Z <sup>22A.</sup> EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or about 22C. WHERE DID (If in Boltimore City, give exact loc	no
□ UTING □ CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	ation)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT AT W	WHILE ORK	
	topsy ond that on this basis, deoth in my opin	
		ion
Accident Suicid	Homicide Undetermined monner	
ACTUAL / Muld ///	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)		8/6/69
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY (	or CREMATORY 24D. LOCATION (City, town, or c	county) (State)
Burial 8-8-1969 Baltimore Cer	metery Baltimore, Maryland	d
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	SS
ALIGY 1969 Pabers E Jaiber M.D.		York Road
VS (51-REV. 1/1/68	Tows	on, Md. 21204



	Tilai	2		793(		ALTIMORE CITY					X				
BI	RTH NO. Ja	lbot	MED	ICAL	EX	AMINER'S	SC	ERTIFI	CATE C	)F	DEAT	H REG. N	10. 69	7930	
	NAME OF DE	CEASED						DATE OF	Known 🔀		Month	Doy	Yeor	Hour	
	Andre Folls  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							DEATH	Estimoted		8	5	69	2:38	а.м.
FU	LL NAME OF							PRONO	JNCED DEAD		Month	Doy	Yeor		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							S. USUAL R	ESIDENCE (W	/here	8 deceased li	yed. If Institu	69	2:38	
	22							S. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)  A. STATE  B. COUNTY  Maryland  73167							
6.	Hopkins Hospital  6. SEX   7. RACE   8. MARRIED   NEVER MARRIED							C. CITY OR	Marylan TOWN	u			E CITY LIMITS	?	
	male	color	ed	WIDOY		DIVORCED			Easton			1.14	YES X	NO 🗆	
	DATE OF BIRT		10. AGE (In		If Unde	Pr I Yr. Il Under 24	Hrs.	E. STREET	ND NUMBER	R			,	110 [	
	8/4/68		1	"	数法	1			417 Sou	th	St.				
11.	BIRTHPLACE (	State or foreig	in country)			IZEN OF	1	3. FATHER	S NAME						
1.44	Maryl		-16-3 C . II	140 VINIO		USA	ICAD)		liam		int				
don	Tapore	retking life, ev	en if retired)	Non		SINESS OR INDU	JSTRY	Chai	lotte		ells				
16. (Ye	WAS DECEAS	ED EVER IN	U.S. AR MED	FORCES of service	5? f	7. SOCIAL SECURITY NO.		8. INFOR	MANT				ADDRESS	arylan	nd
	No.					None CAUSE OF			rlotte	F	ells	417	South	St Eas	ston
CERTIFICATION	DISEASES RISE TO THE UNDERLYII	HEICANT CON	CAUSES ONS, IF ANY USE (A) STATION LAST.	, GIVING TING THE	TING	(B) DUE TO,	OR AS	S A CONSE	QUENCE OF:						
ERTIFIC	DISEASE OF	ATH BUT NOT CONDITION FOPERATION	GIVEN IN PA	ART I (A).		HICH OPERATION	V WAS	PERFORM	ED				21. AU1	OPSY? (Yes o	r No)
AL C	d													yes	
MEDICA	UNDERLYING UTING CA	USE OF DEA	TRIB-		l l	ACE OF INJURY() orm, foctory, street, nome	ED.	2	417 Sou	th	St.,	Easton	n, Md.		9
	(APPROX.)	7 3	0 69	9:10	A. WHI	RK	NOT W AT WO	HILE K	11eged1	у	fell f	rom 2	nd stor	y windo	W
		ER'S		17	Acc	Nent Su	Auto	ASSI.	and that o micide CHIEF MEDICA STANT MEDICA CIATE MEDICA Chief	AL EX	AMINER (AMINER	med monno		DATE SIGN	
24. RE	MOVAL (See	MATION, 2	4B. DATE 3/9/69		24C.	NAME & CEMET	ERY or		RY 2	4D. L	OCATION	(City, I	t Marj	y) (Stote	
	A. DATE REC'D AUG 7	1969	Vaber &	258 N	AME O	E REGISTRAR	۵		Dashi Dashi			neral t,Eas	Home ton, Ma	arylan	d2160



	AME OF DEC	EASED	1		2. DATE AN	HOUR OF DEATH	
Тур	e or Print)	Gladys J.	Seymou	ır	Augus	t 4, 1969	
	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (When A. STATE B. COUN'	deceased lived. If i	nstitution: residence before odmissi
HO	SPITAL OR			UTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
1	7	4606 Pen Lu			Baltimore		YES NO
U	0	Baltimore,	Marylan	d 21229	4606 Pen Luc	y Rd. Apt.	F. 21229
S. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	F	W	WIDOWED		Oct. 7, 1909	59	
		UPATION (Give kind of work working life, even if retired)	10B. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNT
	Cashier		Chevo1	et Motor Div.	Pennsylvania		U.S.A.
13. [	ATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	NE .	
	Cha	rles W. Jones			Bella May St	ewart	
S. V	Vos Deceosed , no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			216-10-4275	Harold K. Seymou	r 4606 F P	en Lucy Rd. 21229
	18.443	791		CAUSE OF DEAT	Ĥ	4 .	APPROXIMATE INTERVA
	DISEA	SE OR CONDITION DI	RECTLY	Cerebro V	ascular mont	freiency	Ma.
	(This does r	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL		J	years
		asthonia, etc. It meons					
		ANTECEDENT CAUSES		arter	us clerous		years
ļ				/p)			
- 1		OR CONDITIONS, if		· ·	A CONSEQUENCE OF:		
	rise to th	OR CONDITIONS, if a above cause (A) G CONDITION lost.		· ·	A CONSEQUENCE OF:		<i>O</i>
	rise to th	e above cause (A)		· ·	A CONSEQUENCE OF:		
NOI	OTHER SIGNIE	e above cause (A) G CONDITION lost.  II CICANT CONDITIONS CO	stating the	· ·	tomy Synds	4VK2	years
ATIO	OTHER SIGNIF	a above cause (A) G CONDITION lost,  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	stating the	Post gastre	etomy Synas	AVILL	years
ATIO	OTHER SIGNIF	e above cause (A) G CONDITION lost.  11 EICANT CONDITIONS CO	stating the INTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR	Post gastre	TOMY Synds	AVIL 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
RTIFICATIO	OTHER SIGNIF TO THE DEAD DISEASE OR C	e above cause (A) G CONDITION lost.  II  CICANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER	Stating The	Post gastre WHICH OPERATION	tony Synds  20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19 A. DATE OF 21 A. ACCIDE OR CONTRIB	e above cause (A) G CONDITION lost.  II FICANT CONDITIONS CO HI BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON	Stating The	(C)	etomy Synas		
DICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19 A. DATE OF 21 A. ACCIDE OR CONTRIBU	GONDITION IOSI.  CONDITION IOSI.  CICANT CONDITIONS CONDITION GIVEN IN PARTICIPATION TO PAR	NTRIBUTING HE TERMINAL RI 1 (A). IDITION FOR Honetc.	(C)	tony Synds  20 A. AUTOPSY? (Yes or No)	(If In Boltimo	
DICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR C 19 A. DATE OF 21 A. A CCIDE OR CONTRIBL	GONDITION IOSI.  II  CICANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER  NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	NTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR FORMED  21E hon etc. (Hour) 21E	WHICH OPERATION  R. PLACE OF INJURY (e.g., ine, form, foctory, street, of)  INJURY OCCURRED  Not While	20 A. AUTOPSY? (Yes or No)  N C  n or obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INJURY	(If In Boltimo	
MEDICAL CERTIFICATIO	OTHER SIGNIE TO THE DEAT DISEASE OF COMPACT OF CONTRIBUTION OF THE DEAT OF COMPACT OF CONTRIBUTION OF THE COMPACT OF THE COMPA	e above cause (A) G CONDITION lost.  FICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)	Staling The  ONTRIBUTING HE TERMINAL RI 1 (A). IDITION FOR FORMED  218 hon etc. (Hour) 218 WW	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, of the control of the con	20 A. AUTOPSY? (Yes or No)  N C  In or obout 21C, WHERE DID  INJURY OCCUR?  21F. HOW DID INJURE	(If In Boltimo	ore City, give exoct locotion)
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO THE DEAT (APPROX.)	SIGNATION STATE OF THE PROPERTY OF THE PROPERT	NTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR HORE  (Hour) 21E Wh Wc	WHICH OPERATION  R. PLACE OF INJURY (e.g., ine, form, foctory, street, of)  INJURY OCCURRED  Not While	20A. AUTOPSY? (Yes or No) N C in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU	(If In Boltimo	ore City, give exact location)
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notify 22 D. TIME OF INJURY (APPROX.)	a above cause (A) CONDITION lost.  II CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING DTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (this harmonic)	Stating The  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED  (Hour) 21E Wh Wc  IT attended to ed olive on	WHICH OPERATION  R. PLACE OF INJURY (e.g., ine, form, foctory, street, of the control of the control of the control of the deceased fram	20 A. AUTOPSY? (Yes or No)  N C  In or obout 21 C. WHERE DID  INJURY OCCUR?  21 F. HOW DID INJURY  2 19 69 ond the	(If In Boltimo	ore City, give exoct locotion)
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MEDICAL CERTIFICATIO	OTHER SIGNIE TO THE DEAT DISEASE OR C 19 A. DATE OF  21 A. ACCIDE OR CONTRIBU DEATH (notify (APPROX.)  22. I certify that (we) and hour one	GONDITION IOSI.  FICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (this had a lost sow the decease d from the couses star	Stating The  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED  (Hour) 21E Wh Wc  IT attended to ed olive on	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, or	20A. AUTOPSY? (Yes or No)  N C in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  2 19 69 ond the view the body ofter death.	(If In Boltimo	inion death occurred on the d
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR CO 19 A. ACCIDE OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.)  22. I certify that (we) and haur on 23 A. SIGNATL	SIZE OF THE PROPERTY OF THE PR	Stating The  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED  (Hour) 21E Wh Wc  IT attended to ed olive on	WHICH OPERATION  R. PLACE OF INJURY (e.g., ine., form, foctory, street, or	20A. AUTOPSY? (Yes or No)  N C in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  2 19 69 ond the view the body ofter death.	(If In Boltimo	inion death occurred on the d
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO TH	SIZE OF THE CONTROL O	Stating The  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR Hone (Hour) 21E Wh Wa  I) attended to ed olive on ted obove.	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, or	20 A. AUTOPSY? (Yes or No)  N C  In or obout 21C. WHERE DID  INJURY OCCUR?  21F. HOW DID INJU  2 19 69 ond the  view the body ofter death.  anding Med. Director	(If In Boltimo	inion deoth occurred on the design of the signed states of the signed st
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO TH	SICANT CONDITION IOSI.  CICANT CONDITION SCO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER  NT WAS UNDERLYING JTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (this had a lost sow the decease of from the couses starting the couse st	NTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR FORMED  21E hon etc. (Hour) 21E Wh wc ted obove.	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, or	20 A. AUTOPSY? (Yes or No)  Con or obout 21 C. WHERE DID  Injury OCCUR?  21 F. HOW DID INJURY  And Director  23 D. ADDRESS  701 St. Paul	(If In Boltimo	inion deoth occurred on the design of the signed states of the signed st
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO TH	CONDITION IOSI.  CANTICONDITIONS CO H BUT NOT RELATED TO T OPERATION 198. CON WAS PER  NT WAS UNDERLYING JTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (this had a lost sow the deceased from the couses starting in the couse st	NTRIBUTING HE TERMINAL RIT 1 (A). IDITION FOR FORMED  21E Whom etc. (Hour) 21E Who wc on F. Ro 24C. N	WHICH OPERATION  R. PLACE OF INJURY (e.g., ine, form, foctory, street, or interpretation)  L. INJURY OCCURRED  And Market	20A. AUTOPSY? (Yes or No)  N C In or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  21F. HO	(If In Boltimo	inion deoth occurred on the decity, town, or county)  1969  23B. DATE SIGNED  815/69  Altimore, Md.
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO TH	SICANT CONDITION IOSI.  CICANT CONDITION SCO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER  NT WAS UNDERLYING JTING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (this had a lost sow the decease of from the couses starting the couse st	NTRIBUTING HE TERMINAL RIT 1 (A). IDITION FOR HORE  (Hour) 21E Wh Wc  on F. Ro  24C. N  Kr	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine., form, foctory, street, or other form)  E. INJURY OCCURED  Mile At At Work  The deceased from  DEGREE Phy  DEGREE  DEGREE  DEGREE	20A. AUTOPSY? (Yes or No)  N C In or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  21F. HO	(If In Boltimo	inion deoth occurred on  23B. DATE SIGNED  815/69  altimore, Md.  City, town, or county)
WEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO TH	CONDITION tost.  CANTION TOST.  CICANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PARTICULAR TOST MAS PER NT WAS UNDERLYING CAUSE OF medicol exominer)  CAUSE OF MEDICAL TOST CONTROLOGY (Year)  That (I this medical exominer)  (Month) (Day) (Year)  That (I this medical exominer)  (Month) (Day) (Year)  That (I this medical exominer)  That (I	NTRIBUTING HE TERMINAL RIT 1 (A). IDITION FOR HORE  (Hour) 21E Wh Wc  on F. Ro  24C. N  Kr	WHICH OPERATION  R PLACE OF INJURY (e.g., ine, form, foctory, street, or continuous and continuo	20A. AUTOPSY? (Yes or No)  N C In or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  22F. HO	If In Boltimo	inion deoth occurred on the 23B. DATE SIGNED 815/69 altimore, Md. City, town, or county) (SI



This certificate must be approved by the chief medical examiner or his ossistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular of the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be the body was released shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must 1	
	47

	U-26	03	7932		TE OF DEATH	REG. NO	69 7932
	NAME OF DEC		JIIIIAM	C		AND HOUR OF DEATH	20 10 101
3.		TIMORE MARYLAND, V	WILLIAM		4. USUAL RESIDENCE IW	GUST 5, 196	9 10:10A <sub>M</sub> .
FU	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSMI ADDRESS OR LOC	AL OR INSTITUT		OH 1 O		DE CITY LIMITS?
3	10	ST. AGNE	S HOSPI	TAL	A SHT ABULA, E. STREET AND NUMBER 516 W. 515	Γ ST 4400	YES NO 1
П	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Yr. If Under 24 His. Months! Doys Haurs Min.
	ALE	WHITE	WIDOWED	DIVORCED	05/22/16	E 2	Monins Days Haurs Min.
dor	N. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	IOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE  Stole ar fo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
		FT TANER	INLAN	D CONTAINER	PENNA		U.S.A.
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDEN N.	AME	0.0.7.
1	LBERT	WEAGRAFF			ADA (NEE BEST	LIMEACDAFE	
15.	Was Decoased	Free In II & Amend See	ces?	6. SOCIAL	17. INFORMANT	MEAGNATT	ADDRESS
١	IONE	ill yes, give war ar date	s at service)	268-01-4903	ST. AGNES	HOSPITAL R	
	18. 1	0		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	RECTLY		/	10	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	se Left Lob	e Incomina	a
	heori iailure,	of mean the mode of asthenio, etc. Il means	the disease.		CONSEQUENCE OF:		***************************************
	injury or com	plicolian which caused	death.)		1.1	1	
		INTECEDENT CAUSES		(B) Myoc	sardeal int	arction ou	ed.
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO OR AS	A CONSEQUENCE OF:	1	
	UNDERLYING	obove couse (A) CONDITION lost.	sioling the	10 Carol	car assesta	and sesusce	tal un cucanoll
		II		(0/			and the same of th
HOLL	TO THE DEATH	CANT CONDITIONS CO	JE TERRAINIAL				
CA	19A. DATE OF	ONDITION GIVEN IN PAR	T (A).	IICH OPERATION	20A. AUTOPSY?  Yes gr	lal 208 IE VEC WEER E	WORLDS CONTRACTOR
CERTIFICA	2.	WAS PERI	ORMED		YES	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
MEDICAL CI	21A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examines	21B, Pi home, elc.)	ACE OF INJURY (e.g., in farm, factory, street, off	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
AED	OF INJURY	[Month] (Doy) [Year]		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
<	(APPROX)		While Wark	At Work			
	22. I certify t	that (i) (this haspital			ULY 31	1069 AIIGH	SI 5 1060
	that (i) (we)	that (i) (this hospital	d olive on Al	JGUST "5"	69	hot In (my) (aur) opin	Ion death occurred on the date
	ond hour and	from the causes stat	ed obove. (I) (	We) (did) (did not) of	ew the body ofter deoth.	- interest frank about	oregined bit tile date
	23A. SIGNATUR	IE ·	0 /)	140	2347 2.1101 2001112		23B, DATE SIGNED
	81	zbar - Et	wa Hon	After Phys.	ding Med.	Stoff Phys.	08-05-69
	23C. PHYSICIAN NAME ITY	rs pel EHAN - EBA	PAHIMA	Pront	BAL BAL	TIMORE, MA	RYLAND 21229
24A	BURIAL CREA	AATION, 24B, DATE	24C. NAM	LE OF CEMETERY OF CREA			WILKENS AVES.
	Burial	8-8-69	Edge	wood Cemetery		tabula, Ohio	's warr's or coomists (2)(016)
25A	DATE REC'D	Y HEALTH DEPT.	25B NAME OF	•	25C. FUNERAL DIRECTO		ADDRESS
W	G7 196	9 Robert E. J.	when M. D.	9 8 0 0			ilkens Ave. 21229
VS 1	50-REV. 1/1/6	8				1207 11	

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Parties in the Comment

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	TO THE PROPERTY OF THE PROPERT
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his he bhow how ras	2:
F 4 4 2 4 3	

	G-20	0 00	2000		HEALTH DEPARTME		69	7000
1	RTH NO.	60	7933	CERTIFICA	TE OF DEAT	H		1000
1. (T)	Pe or Print	LORENCE	11 61		2. DA	TE AND HOUR OF DE	ATH / 10	( -
		TIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE	AUGUST (Where deceased fived COUNTY	of 17	8:00A,M. sidence belove odmission)
	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Maryland		Arundel	57/11
H	OSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		INSIDE CITY LIA	мпs?
	27	(EISCA HOS	PHAC		Glen Burni		YES	NO X
4	) /				E. STREET AND NUM	BER		
						Twin Ridge I	rive, Gl	en Burnie
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	1 Yr. II Under 24 Hrs. Doys Hours Min.
	emale	White	WIDOWED		23 Jan. 1900	69		
doi	A. USUAL OCCU	JPATION (Give kind of worl working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale	ar foreign countryl	12. CITIZ	EN OF WHAT COUNTRY?
	House		Own H	ome	Baltimore	, Maryland	U	SA
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDE			
	G	eorge E.	Harding		Lilly	M. Ruh	YU	
15.				1 6. SOCIAL	17. INFORMANT	1100		ADDRESS
ſΥe	s, no of unknown)	Ever in U. S. Armod For Ulf yes, give wor or dolo	s of servicel	SECURITY NO.		auss, - Son s		
1	18.	7 79		CAUSE OF DEATH		TODAY DOLL E	TOTAL CALL A	APPROXIMATE INTERVAL
	DISEAS	E OF CONDITION DI	RECTLY				( BI	ETWEEN ONSET AND DEATH
		LEADING TO DEATH		A MANAGOIATE CAN	a Drongla	Buller	15749	
	(This does n	al mean the mode of asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:			***************************************
	injury at com	plication which caused	death.)		200	,		
	1	ANTECEDENT CAUSES		- Lanet	toutahe	malig	nande	1
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	4	7	-
	rise la lhe	above cause (A) CONDITION last	slaling the	- Fan	celatic	1 Carc	inon	,
		II III		(c)				
Z	OTHER SIGNIF	III ICANT CONDITIONS CO	NTRIBUTING	P.	20 6	9		
ATI	TO THE DEAT	H BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	IE TERMINAL	Con	al fin	my -		·····
CERTIFICATION	19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, W	ERE FINDINGS (	CONSIDERED
ERT	0					IN CEKIIFIING	CAUSES OF D	SAIN
11	OR CONTRIBU	TING CAUSE OF	218. home	PLACE OF INJURY (e.g., in	or obout 21C. WHERE I	OID (If In Bol	Ilmore City, give	exoct locotion)
CAL	DEATH (notify	modical examined	etc.)					
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
≥	(APPROX.)		Whil	Not While				
	22. 1 certify	that (1) (this hospital		e deceased from	W91 2	19 69 to A	ua	6 19 67
		last saw the decease		U149. 6	1 64		apinian death	a accurred on the date
	and have and	fram the causes stat	ed abave. (1)	(We) (did) (did nat) vi			,	
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED							
H	Acur	ana J. H	mo like	After Phys.		Shoff Phys.		
ļ	23C. PHYSICIAI	N'S		DEGREE	3D. ADDRESS	/ / / / / / / / / / / / / / / / / / /		
	A. T	PORT TH	DOLLIT	0(80)	MERCY	HOSPI	TAI	
24/	BURIAL CREA	MATION, 248. DATE	24C. NA	ME OF CEMETERY OF CRE		4D. LOCATION	(City, town, or	county) (Stote)
	Burial	pecify)						
254		9 Aug 6		en Haven Memor		Glen Burnie	, AA Co.	. Md.
1	ALICY	4000 0 4	258, NAME O		25C. FUNERAL DIRE	CTOR		ADDRESS
1	MUU!	المراجية المراجية	, vuices	4.60	THE KEEL WA	neral Home,	Glen Bur	nie, Md.

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Deceased ce on the Such hospital and death death. of attendance (2) cause canse; 0 0 prior contributing occurred etermined regular pow deceased death isposition or pun WOS the direct 4 eath 0 ō kind; final attendance Ō any pronounced 0 A SO. of embalmed fracture regular who are 4 ල physician remains MUS burns; physician before the Body the 8 by 3 where to the hospital ° any nature; obtained 9 approved (except and 99 of leath) hospita the body was released must An accident 0 0 O

prior at

deceased

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shows:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MOOREFIELD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL A. STATE USUAL RESIDENCE Where deceased lived. If institution: residence B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION BAltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? REISTERSTOWN YES T NO K MEMORIAL HOSPITAL E. STREET AND NUMBER STREET 5. SEX 6. RACE 9. AGE (In years 8. DATE OF MARRIED NEVER MARRIED Il Under 1 Ya Il Under 24 Hrs. W WIDOWED DIVORCED IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Danville CONSTRUCTION VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THEODORE N. MOOREFIELD ELIZABETH 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (II yes, give wor or doles of service) 230-20-4511 Keysville CAUSE OF DEATH 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ADENO CARCINOMA (A) IMMEDIATE CAUSE METASTATIC (This daes not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, aslhenio, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exoct location) MEDICAL DEATH (notily medical examined) 21D. TIME OF INJURY (Month) (Dov) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While I (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from 19 69 69 that (1) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (1) (did) (did) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [ Med. Phys. Director L DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) UNION Hnn Ledd DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 449.7,19 Hemorial 60. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

approval VS 150-REV. 1/1/68

A Torry Markets Willy

A MANA & STORE A

CLASTRICTION WORKERS WIRESMIN

THE COOKE MOOREFIELD ELIFABETH ?

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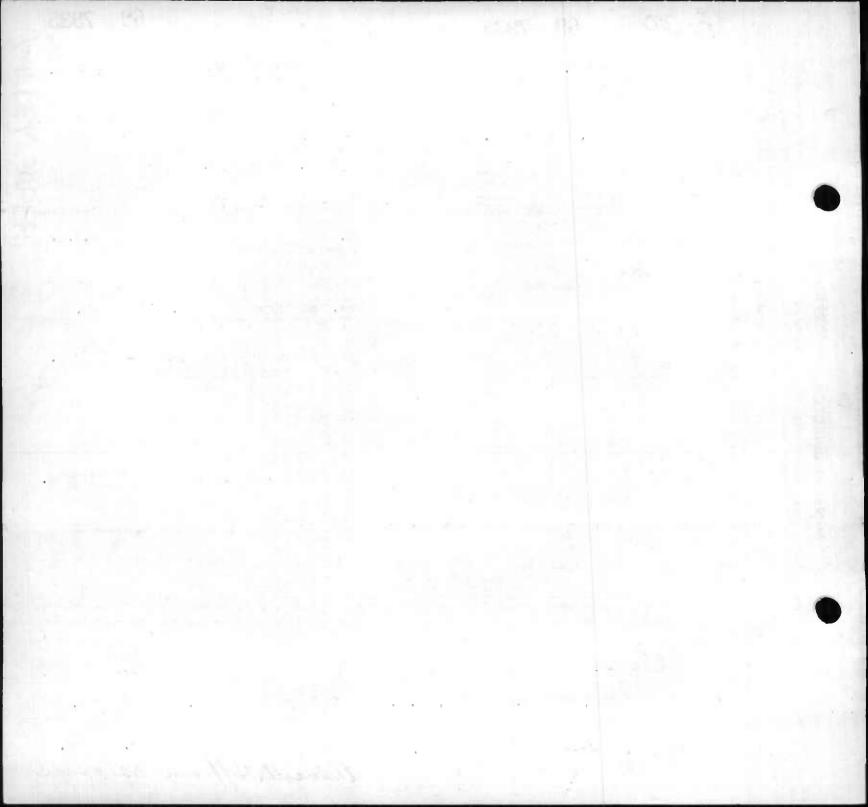
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69 1/6 h/8

anne I Goddy

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1	1 (1)			HEALTH DEPARTMEN	NT	ÉO	2025
RIRT	1-600 E	69 7935	CERTIFICA	TE OF DEAT	H REG. NO		7935
1. NAME OF DECEASED (Type or Pant)  Opal E. Baer  2. Date and Hour of Death (Type or Pant)  Opal E. Baer							7:30 A.
3. P	LACE IN BALTIMORE, MARYL		UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived.	. If institution: resi	dence before admission
FUL	L NAME OF (IF NOT IN	HOSPITAL OR INSTIT	TUTION, GIVE STREET	Md.		2	611
IN S	TITUTION			C. CITY OR TOWN	D.	INSIDE CITY LIM	
0	924 S.	Clinton St.		Baltimore E. STREET AND NUM	RED	YES 🔏	NO L
					inton St.		
5. 51	EX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Yr. , If Under 24 Hr
	F W	WIDOWED		11-3-1891	lost birthdoy)	Months D	oys Hours Min.
	USUAL OCCUPATION (Give kin during most of working tife, even if		F BUSINESS OR INDUSTRY			12. CITIZE	OF WHAT COUNTE
	Housewife	reniedy		Md.			U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDE	NAME		
	Cook			?			
5. V	Vos Deceased Ever in U. S. Ar	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
	No			Mrs. Mary H	rug 924 S	S. Clinton	n St.
ATION	rise to the obove cous UNDERLYING CONDITION I  II  OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVER	Inst.  ONS CONTRIBUTING TED TO THE TERMINAL N IN PART 1 (A).	(c)	Diabetes	Melitus ≰		10 <b>)</b> rs.
ERTIFIC,	19 A. DATE OF OPERATION 19	98. CONDITION FOR AS PERFORMED	WHICH OPERATION	NO NO	or No.) 208. IF YES, W	ERE FINDINGS C CAUSES OF DE	
4	21A. ACCIDENT WAS UNDERLOOF CONTRIBUTING CAUSE DEATH (notify medical examine	LYING 21 OF hor	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o )	n or obout 21C. WHERE I ffice bldg., INJURY OCC	OID (If in Bo	ltimore City, give (	exoct location)
U	21 D. TIME (Month) (Doy) OF INJURY	W	E. INJURY OCCURRED  hile At Not While At Work	te 🖂	D INJURY OCCUR?		
MEDIC	(APPROX.)						and the same of th
MEDIC	22. I certify that (1) (this h	naspitol) ottended		uly	19 58 to	August	19.69
MEDIC	22. I certify that (1) (this h	naspitol) ottended		60	19 58 to		
MEDIC		naspitol) ottended leceosed olive on	August 4	19 69	nd that in(my) ( <del>our)</del>		
MEDIC	22. I certify that (I) (this h that (I) (we) last sow the d and haur and fram the caus 23A. SIGNATURE	naspitol) ottended deceosed olive on ses stated obove.	August 4	19 69 c	and that in(my) ( <del>our)</del>	opinion death	occurred on the de
MEDIC	22. I certify that (!) (this he that (!) (we) last sow the dond haur and fram the cause 23A. SIGNATURE	naspitol) ottended leceosed olive on	August 4 (1) (We) (did) (did not) (	riew the body ofter dending Med.	nd that in(my) ( <del>our)</del>	opinion death	occurred on the de
MEDIC	22. I certify that (I) (this h that (I) (we) last sow the d and haur and fram the caus 23A. SIGNATURE	deceosed olive on ses stated obove.	August 4 (1) (We) (did) (did not) (	riew the body ofter dending Med.  Director  23D. ADDRESS	and that in(my) ( <del>our)</del>	23B, DATE	occurred on the do
MEDIC	22. I certify that (I) (this he that (I) (we) last sow the dond haur and fram the cause 23A. SIGNATURE	aspitol) ottended deceosed olive on ses stated obove.	August 4 (1) (We) (did) (did not) (	19 69 conding Med. Director 23D. ADDRESS 3023 Ea.	ond that in (my) ( <del>out)</del>	23B, DATE	signed ug/969 nore, Md
MEDIC	22. I certify that (!) (this he that (!) (we) last sow the dond haur and fram the cause 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type! Clare)  8 URIAL CREMATION, REMOVAL (Specify)	ence W. Le	August 4 (1) (We) (did) (did not) (Degree Phy) DEGRee Phy DEGRee Phy DEGRee Phy	19 69 conding Med. Director 23D. ADDRESS 3023 Ea.	Staff Description of the staff	23B. DATE 60 Baltin	signed  signed  1969  10re, Md



ا جة قة	H-524 BERTH NO. 69 7936 CERTIFICATE OF DEATH  REG. NO. 69 7936
death death ceased on the	1. NAME OF DECEASED  (Type of Print)  Link KLe - Delmer Marion  2. Date and Hour of Death  Hink Le - Delmer Marion
a hospital cause of c se; (5) Decendance or to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  A. STATE  B. COUNTY  A. STATE  A. COUNTY  Maryland  Anne Arundel  5200
cau cau	Pasadena YES NO X
ibut ined ined plar d p	South B2/t/more General Haspital 225 Kenwood Road 21122  5. SEX 6. RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH 9. AGE (in years If Under 1 46, 11 Under 24 His.
ontr ontr erm regu	WIDOWED DIVORCED 3-15-13 Cost birthdoy) Manihs Days Hours Min.
rect or c (4) Under was in the dec	Chauffeur Balte Bex Co. Cherry Greve West Va. U. S. A.
	Isaac Hinkle Lettie Lambert
kind deal	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   Yes   W W 2   Mrs. Bertha F. Hinkle 225 Kenweed Rd. 21122
Niso, if of any ounced ttenda	DISEASE OR CONDITION DIRECTLY ROBABLE METASTATIC CARCINOMA TO BETWEEN ONSET AND DEATH
ner of ner. A acture prono ular ai mbalm	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  BRAIN & LIVER
l exami (3) A fr an who in regins are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  ANA PLASTIC (ARCINOMIA - LUNG - LEFT APEX  (C)
medica y burns; physici ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194-Date of Operation 198 Condition for which Operation Was Performed 199 Condition for which Operation 199 Considered In Certifying Causes of Death?
by a ) Bod the hysic	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tall here to p	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, form, factory, street, office bidg., INJURY OCCUR?
364405	21D-TIME (Month) (Day) (Yearl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
of any nal (except); and	22. I certify that W (this hospital) attended the deceased from August 2 19 69 to August 5 19 69 that (1) (we) last saw the deceased alive an August 5 19 69 and that in (my) (vor) opinion death accurred on the date
was released to An accident of A. at a hospital prior to death)	and hour and from the causes stated abave. (1) We (11d) (did not) view the body after death.  23A. SIGNAPORE  Attending Med. Director Phys. Director Phys. 23B. DATE SIGNED  23B. DATE SIGNED  August 5, 1969  23D. ADDRESS
>€635	DEGREE  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county) (Stote)  Burial 8/8/69 Cedar Hill Cem Ritchie Highway A. A. Co. Md.
the books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT.  AUG 7 1969 Cobert C. Varber, M.D.  VS 150-REV. 1/1/68  25R. HAME OF REGISTRAR  25C. FUNERAL DIRECTOR  237 Patapace Ave. 21 225

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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	R-340 69	MOOM.	HEALTH DEPARTMENT TE OF DEATH REG. N	o. 69 7937			
- 11	I.NAME OF DECEASED		2. DATE AND HOUR OF D	EATH			
	Riedel, George J.			M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admission)			
11	HOSPITAL OR ADDRESS OF LOCATI	OR INSTITUTION, GIVE STREET	Md. Anne Arunde	1 5200			
J	St. Agnes Hospital		U Glen Burne	YES NO TO			
1	Caton & Wilkens Ave		Baltimore E. STREET AND NUMBER	YES NO X			
	Balto. Md		109 First Ave				
	M W	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  11/13/20  9. AGE (in year)  lost birthday)	Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if refired)	R KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stole or loreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Lithographic Artist	A. Hoen & Co.	Baltimore, Md.	USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	George Riedel		Ida DuVall				
	15. Was Deceased Ever In U.S. Armed Forces (Yes, no or unknown) (If yes, give wor or doles c	ol servicel   1 6. SOCIAL   SECURITY NO.	17. INFORMANT	Same as			
	No None	213/14/9024	Mrs. Dorothy M. Reid				
	DISEASE OR CONDITION DIREC	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(ANIMMEDIATE CALL	SE C. V. A				
	(This does not mean the made of dyling, e.g., heart loilure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES (B) Probable Hypertension						
	DISEASES OR CONDITIONS, if ony rise to the obave cause (A) st	A CONSEQUENCE OF:	**************************************				
	UNDERLYING CONDITION lost.	(C)					
	OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 1994. DATE OF OPERATION 1998. CONDITION WAS PERFOR	TERMINAL					
	O DISEASE OR CONDITION GIVEN IN PART 1 194. DATE OF OPERATION 198. CONDIT	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES	WERE FINDINGS CONSIDERED			
	WAS PERFOR	RMED	No IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21 C. WHERE DID (If in Bice bidg., INJURY OCCUR?	oltimore City, give exect location)			
	S OF INJURY	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX)	While At Not While At Work					
	22. I certify that (1) (this hospital) a	attended the deceased fram	19to	19			
			19and that in (my) (aut	) opinian deoth accurred on the dote			
$\parallel$	and have and from the causes stated	abave. (1) (We) (did) (did not) vi	ew the bady after death.				
	Bizhan- Alin	whimy Mono Atten	ding Med. Staff Director Phys.	23 & DATE SIGNED			
	23C. PHYSICIAN'S	DEGREE Phys.	Director L Phys. L	8/6/69			
	Bizhan Ebrahimy, M.D	).					
2	248. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C.NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION	(City, town, or county) (State)			
	Burial 8/9/69	Glen Haven Mem'l	Park Glen Burni	e. Md.			
2	25A. DATE REC'D BY HEALTH DEPT. 251	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR COLLINS	ADDRESS			
	AUG 7 1969 Jaben E V	Tabler, M.D. (	Sindleton Funeral	Home, Glen Burnie, Md.			

att day soil

G-620 69 7938 BALTIMORE CITY HE MEDICAL EXAMINER'S	CO 200
BIRTH NC.	CERTIFICATE OF DEATH REG. NO. 69 7938
I. NAME OF DECEASED (Type or Print)  JOHN GROSS	2. DATE Known K Month Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted   August 3, 1969 M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD  August 3, 1969  4:05 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution; residence before admission)
Luthern Hospital (DOA)	A. STATE Maryland B. COUNTY /607
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO 🗌
9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.	E. STREET AND NUMBER
Oct. 4.1907   lost birthdoy)   Months, Doys, Hours   Min.	2011 P.
II. BIRTHPLACE(State or foreign country)   12, CITIZEN OF	2911 Riggs Avenue
WHAT COUNTRY?	
	Samuel Gross, Sr.
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even If refired)	15. MOTHER'S MAIDEN NAME
Laborer Sugar Refinery	Nanny Love
16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	18. INFORMANT ADDRESS
NO SECURITY NO. 214 12 021	3 Dorothy Gross 2911 Riggs Ave.
J19. / CAUSE OF DEA	
	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY AFTECTION ( LEADING TO DEATH (A)IMMEDIATE C	clerotic cardiovascular disease
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Pulmonary	y tuberculosis
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS DEPENDING
O CONSTRUCTION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
UTING CAUSE OF DEATH.	In or obout 22C, WHERE DID (if in Soltimore City, give exact location)
DE INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED.	WHILE OPE
23.	
I certify that I held an Inquiry Inspection Aut	opsy and that an this basis, death in my opinion
resulted fram: Natural causes X Accident Suicid	
Accident La Solicio	
ACTUAL () / 0 / 1/ /	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / MUST VICENT M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER August 3, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY ( REMOVAL (Specify)	or CREMATORY 24D, LOCATION (City, town, or county) (Stote)
	rch Cem. Calvert County, Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ALLOW SOCO OC	* a
AUG 1 1969 Vallet E. Jarber KD.	Lewis T Gwynn 4517 Park Heights Ave
VS 151-REV. 1/1/68	1 7 . 1

Party of the same Lot, F. Tool - Semilel Prose, Sr. The state of the s Leconor visaties anna leconord avi a pie fies town potenti pis 51 Pis Santal | 5/6/69 Carrolls Course Cenvert County, Fairlend

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F	ö	Ď	th
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st be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	sital (except where the physician who pronounced death was in regular attendance on the
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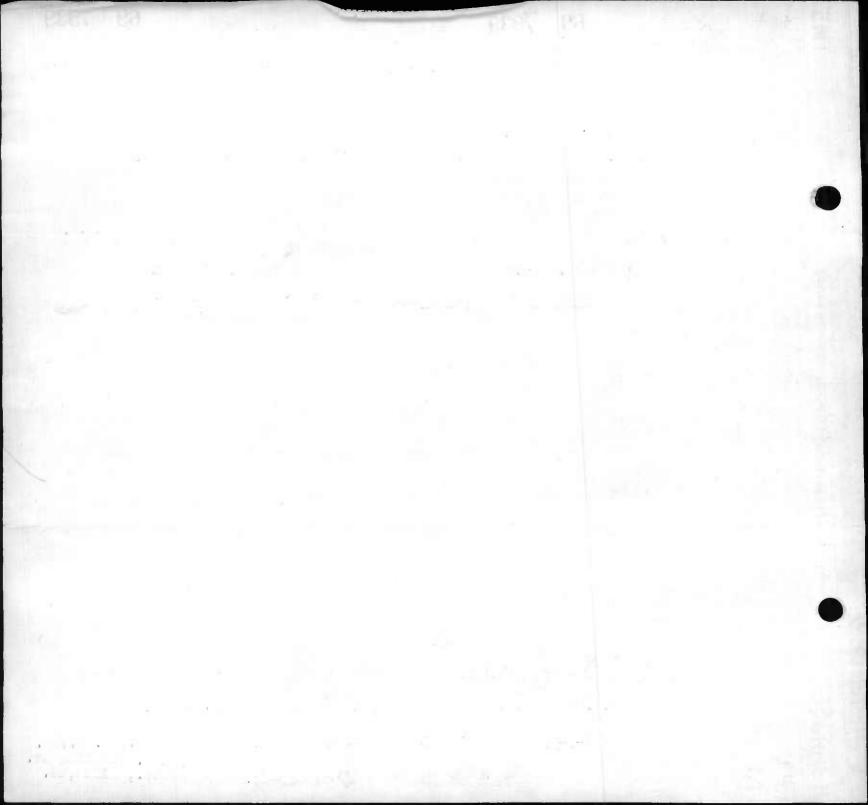
1/ 520	60 705	BALTIMORE CIT	HEALTH DEPARTMENT		69 7939
BIRTH NO.	69 798	CERTIFICA	TE OF DEATH		(70, 100)
Type or Print) Char	les Knott CI	HARLES E. KNOT	r 8-5	-69	3:20 A
3. PLACE IN BALTIMORE	MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (\ A. STATE B. CO	Where deceased lived. If i DUNTY	nstitution: residence before odmissio
FULL NAME OF (IF	NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland		2636
NSTITUTION	DORESS OR LOCATION)		C. CITY OR TOWN	D. 1NS	SIDE CITY LIMITS?
· / /	imore City Ho Eastern Aven	4	Baltimore E. STREET AND NUMBE	P	YES NO
	imore, Maryla		3309 Toone		21224
. SEX 6. RAC			B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 H
Male V	hite woo	WED DIVORCED	6-12-16	lost birthdoy) 53	Months Doys Hours Min.
		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNT
one during most of working I		kert Trucking C	Maryland		U.S.A.
3. FATHER'S NAME		MOIO II GOALING O	14. MOTHER'S MAIDEN	NAME	
Gelon	ge A . Knott	;	An	na M. Firmwa	lt
S. Was Deceased Ever in	U. S. Anned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	himona Bib. U	ADDRESS
No		216-09-6760		timore <b>Ci</b> ty H astern <b>A</b> venue	
1B. / / 1	1	CAUSE OF DEAT	4940 6	astern Avenue	APPROXIMATE INTERVAL
DISEASE OR	ONDITION DIRECTLY				BETWEEN ONSET AND DEA
injury or complication  ANTECI  DISEASES OR CO	o, etc. It means the dis n which coused deoth.) EDENT CAUSES NDITIONS, it ony, g e cause (A) stoting DITION tast.	(B) Squa	mous Cell (	Carcinoma of	Flung Tmonths
TO THE DEATH BUT N	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? IYes o	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? YES  ire City, give exoct lacation)
DEATH (notify medico	exominer)	etc.)			
21 D. TIME   Month OF INJURY (APPROX.)	) (Doy) (Year) (Hour)	While AI Not While Work At Work		INJURY OCCUR?	
22 Learnify that (I	(this basnital) atten	ded the deceased from	7-31	1969 10 8-5	5 1969
	ow the deceased alive	pag pome	10		inian death occurred an the de
		ve. (1) (We) (did) (did nat) v			iman death occurred an the a
23A. SIGNATURE	ne causes stated and	ve. (I) (We) (did not) v	iew the bady after dea	tn.	23B, DATE SIGNED
A 100 -	1 2000		nding Med.	Staff	
23 C. PHYSICIAN'S	Miscales 1	OEGREE Phys	Director L	J Phys. LJ	8-5-69
NAME (Type)	.W. Gragg M.I			tern Avenue	#21224
4A. BURIAL CREMATION		4C. NAME of CEMETERY OF CRE			ity, town, or county)   IState)
REMOVAL (Specify)	8-9-69				The state of the s
SA DATE BECCO BY HE		Oak Lawn Co	DITIO COLA	CE) BESTORN	Blvd., Ba.Co., Md.

was D.O.A. at a hospital (except where the physician who pronounced aeath was in reguiar arremained on indeceased prior to death. Such deceased prior to death, to death. Such was in regular attendance on the deceased prior to death. Such wastern announced much be obtained before the remains are embalmed or final disposition is made.

1969

Robert E. Jaber, M.D. 9

901 S. C , 21224, Md.



#### IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV. 1/1/68

			BALTIMORE CITY	HEALTH DEPARTMENT		CO	12040
BIF	-250 6	9 7940	CERTIFICA	TE OF DEATH	REG. NO	0,5	7540
1, P (Ty	Pe or Print	/		2. DATE AN	HOUR OF DEATH	A	1
	nulh C	LAW501	γ	4. USUAL RESIDENCE (When	169 10	1:15	Ho M.
3.	PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUN	CED DEAD	A. STATE B. COUN	Y	stitution: res	idence before domission)
FU	LL NAME OF (IF NOT IN E	HOSPITAL OR INSTITUTI	ON, GIVE STREET	Mai Bai			5300
IN	STITUTION	121 D.	sh burton +	C. CITY OR TOWN	2 53	DE CITY LIN	/
1/	LUTHERAIN	130 M	on Durien I	E STREET AND NUMBER		IE3	№ Ц
1	tospital -	BAltimo	RE, Md.	1329 Popi	AR A	ve,	
S.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	Months; C	1 Yr. If Under 24 Hrs. Days Haurs Min.
	F IV.	WIDOWED	DIVORCED	12-22-92	77		
	A. USUAL OCCUPATION (Give kind ne during most of working life, even if r		JSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZE	N OF WHAT COUNTRY?
	None	N	one	MARYLAI	rd.	1 7	1,5,
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	NE .		
1S. (Ye	Was Deceased Ever in U. S. Arm s, na ar unknawn) (If yes, give war	ned Farces? 1 ( ar dates of service)	SECURITY NO.	17. INFORMANT		120	ADDRESS Panlag Du
			M	Paul A.K	LWSON -	BI	oltimore ma
	18.436,91		CAUSE OF DEAT			0.6	APPROXIMATE INTERVAL
	DISEASE OR CONDITION						
	(This does not mean the mo		(A) IMMEDIATE CAU				
	hearl foilure, asthenia, etc. It injury or complication which	means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
	ANTECEDENT CA		and	).		- 1	
	DISEASES OR CONDITIONS		(B) V. Y.	A CONSEQUENCE OF:			
	rise to the obove couse	(A) stoting the					
	UNDERLYING CONDITION IS	osl.	(c)				
z	OTHER SIGNIFICANT CONDITION	CONTRIBUTING	0 1.	101. 3			
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	D TO THE TERMINAL	reptic	Ulcer	*****		,
IFICA	19A. DATE OF OPERATION 191	B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes a No	20B, IF YES, WERE	FINDINGS	CONSIDERED
RTI		AS PERFORMED			IN CERTIFYING CA	DZEZ OF D	EATH?
Ü	OR CONTRIBUTING CAUSE	YING 218. PL	ACE OF INJURY (e.g., inform, foctory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimar	e City, give	exact lacation)
CAL	DEATH (natify medical examiner)	etc.)	-	-			
IED!	21 D. TIME (Manth) (Day) OF INJURY		IJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
٤	(APPROX.)	While Wark	At Wark				
	22. 1 certify that (1) (this ha	spital) attended the	deceosed from	- 2	9.69 to 8	-5-	19.6.9.
	that (I) (we) lost saw the de			19.6.9 ond the	ot in(my) (our) opi	nion deoth	occurred on the date
	ond hour and from the couse						
	23A. SIGNATURE					23B. DATE	SIGNED
	Kantila	1 J- Shah	M.D Atte	nding Med.	Staff Phys Staff	8-3	5-1969.
	23C. PHYSICIAN'S		1:	23D. ADDRESS		1	
	Kantilal	J. Shah	M.D.	Lusteron 240. LC	Hopila		
24/	A. BURIAL CREMATION, 24B. DA	ATE 24C. NAM	E of CEMETERY of CRE	MATORY 24D. LC	CATION (C	ty, tawn, ar	county) (State)
	BUKIN 812	8/69 10		CEMETERY 2			
25/	A. DATE REC'D BY HEALTH DEPT					0	ADDRESS
	AUG7 1969 166	of E. Verber, 1	60,000	AMBROSETA	r. 1378 L	Juld.	ue. La Rd.

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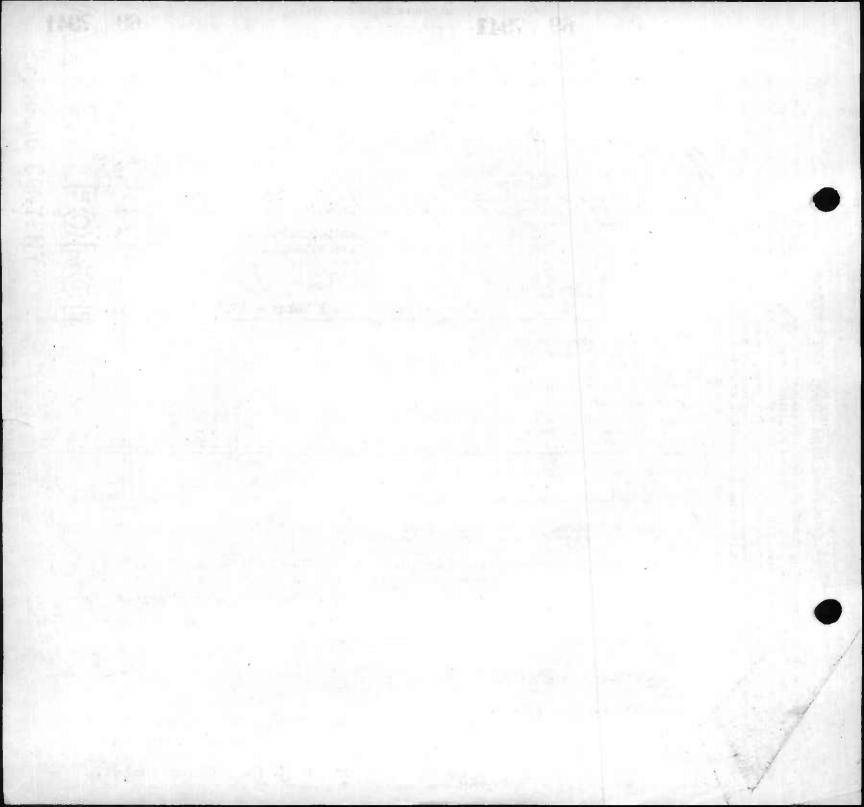
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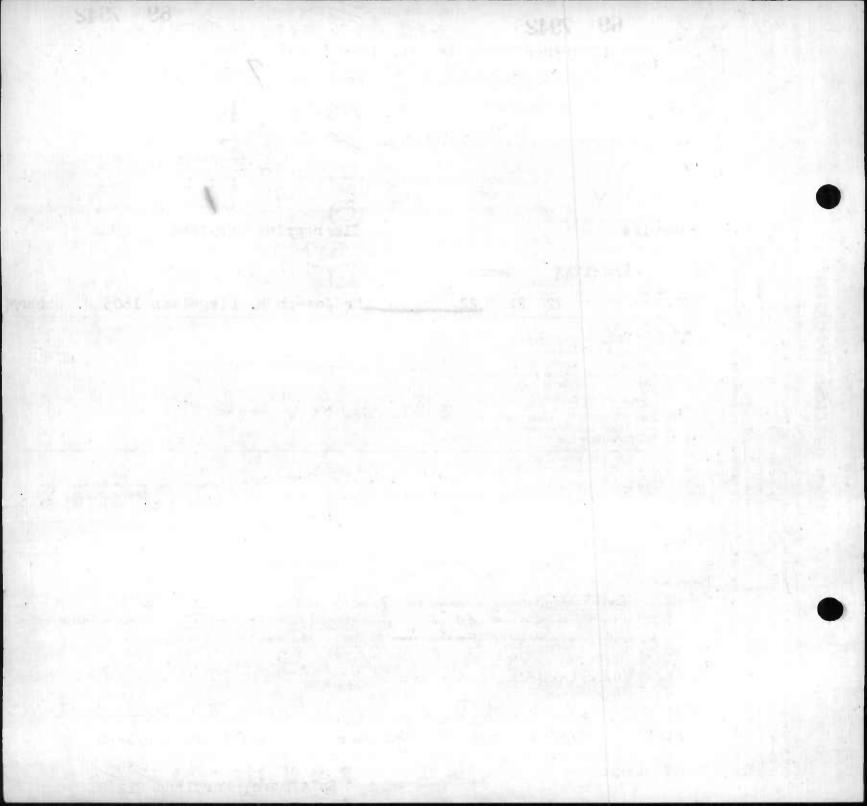
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body, was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO.  1. NAME OF DECEASED  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  2. DATE AND HOUR OF DEATH  8. COUNTY  A. USUAL RESIDENCE (Where deceased lived. If institution to the property of the property	7841 1030 AM
1. NAME OF DECEASED  Robert  Bates  2. Date and Hour of Death  8-4-69  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (The Note of the Notion Hospital OR) INSTITUTION, GIVE STREET  FULL NAME OF (The Notion Hospital OR) INSTITUTION, GIVE STREET  A. USUAL RESIDENCE (Where deceased lived. If institution: re  8. COUNTY  Md.	1030 AM
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE 8. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md.	sidence before odmission)
HOSPITAL OR ADDRESS OR LOCATION)	607
INSTITUTION . INSIDE CITY EN	MITS?
Dukeland Nursing Home Baltimore YES	NOL
E. STREET AND NUMBER 1501 Dukeland Street	et
5. SEX Negro Negro Never Married   8. Date Of Birth Noths: Negro Never Married   7-27-85   9. Age (In yeors withday) 4   Months:	1 Yr. If Under 24 Hrs. Doys Hours Min.
	EN OF WHAT COUNTRY
done during most of working life, even if refired)  Laborer  Bowie, Maryland  U	.S.A.
13. FATHER'S NAME	
Junius Bates Mary	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  No 212-03-0352 Mabel Bates - 1718 Braddish Av.	e.
18. / CAUSE OF DEATH	APPROXIMATE INTERVAL
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, astheria, etc., If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoting the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID. (If in Boltimare City, given)	DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from 5-26-1967 to 8-4  that (I) (we) last sow the deceased alive on 6-4-1969 and that in (my) (ever) apinion deat and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Percural A Male (Type)  Attending Med. Staff Phys. 23D. ADDRESS  NAME (Type)	h occurred on the dote
Percival C. Smith, M. D.	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, o	
75.71.2	na
Burial 8-7-69 Mt. Calvary  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS



	BALTIMORE CITY	HEALTH DEPARTMENT	6	9 7919			
69 '7942	CERTIFICA	TE OF DEATH	REG. NO.	7036			
I NAME OF DECEASED (Florence	Isabelle Diege	Iman 0 2. DATE AND	HOUR OF DEATH	20			
(Type or Print) Flovence 1	liegel man	8/7	5/69	13 A M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where	deceased lived. If inst	titution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	INSTITUTION, GIVE STREET	c. CITY OR TOWN	D. INSID	E CITY LIMITS?			
	n Hospital	Baltimol E. STREET AND NUMBER	16	YES NO NO			
45		1605 N.	Durhan	Λ			
T- W WID	ARRIED NEVER MARRIED DIVORCED	8/28/07 "	AGE (In years	if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done during most of working (ife, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife		Clearspring	Maryland	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
Wm. TOXICOCOTOX	Deeds	Lydiat	Jennis				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ((if yes, give wor or dates of s	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
NO 220 2	2 30229 9 9 0 003	Mr Joseph H.	Diegelman	n 1605 N. Durham			
18.	CAUSE OF DEAT	TH .	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTL				30 min			
(This does not mean the made of dying	e.g., (A) (MMEDIATE CA)	USE CLOYOLOG ( A CONSEQUENCE OF:	arrest	30 M1 M			
heart foiluse, osthenio, etc. It means the d injusy or complication which caused death							
ANTECEDENT CAUSES	m Myo	cardial i	of avotic	n 2mo			
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		K-K-1			
rise to the above cause (A) stating UNDERLYING CONDITION last.	g the (C)						
ll ll	(~)	000000000000000000000000000000000000000					
OTHER SIGN(FICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO THE TER UDISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL VENTIC	·ulan areury	SM				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
OR CONTRIBUTING CAUSE OF  DEATH (notify medico( exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)			
21D.TIME (Month) (Doy) (Year) (Hou	in 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
OF INJURY (APPROX.)	While At Not Whi	(e 🖂					
	Work At Work	101110	. 0.	1069			
	22. I certify that this haspital attended the deceased from \$184 19 19 to \$157 19						
that the last saw the deceased ali			t in (aur) apin	lan death accurred an the date			
and haur and fram the causes stated at	ave (I) (# <del>c) (\$18)</del> (d <del>1d no</del> 1)	view the bady after death.		23B, DATE SIGNED			
23A. SIGNATURE	Att	ending Med. S	Short -	238, DATE SIGNED			
Caroloxoreal	M . DEGREE Phy	ys. Director L F	hys.	8/1/69			
23C. PHYSICIAN'S NAME (Type)	1.0	23D. ADDRESS	. 1	D			
Carole Dorsch	. M. D GEGREE		vitan H	OSD Baltimore			
24A. BURIAL CREMATION, 24B. DATE BUTLE 18/9/69	24C. NAME of CEMETERY or CR			, towh, or county! (Stotel			
		, ,	ltimore Ma				
AUG 7 1969 Tabes & Ta	Bey M. D.	2SC. FUNERAL DIRECTOR	ender So	ADDRESS .			
VS 150-REV. 1/1/6B		Baltimore	, Maryland	1 21213			



VS 151-REV, 1/1/68

Charles A. Rice

661 W. Barre St.

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

6	2 = 2 2 00	D 1000 A		HEALTH DEPARTMEN	NT	60 7044	
#		9 7944	CERTIFICA	TE OF DEAT	H REG. NO.	05 /344	
1. N	NAME OF DECEASED			2. DA1	August 5, 1969	PM	
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived, If ins	titution: residence before odmission)	
HO				C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?  YES NO NO	
				F STREET AND NUMB	BER Board Street 21224		
-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u></u>	8. DATE OF BIRTH 2-2-1880	9. AGE (In years lost birth (y)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done	e during most of working life, even if re				or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
			Поте		NAME		
	Ciusani Camalli			Almtoni	na Bellardino		
15. V	Was Deceased Ever in U. S. Arme	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
			-	Mr. Edmund E	Bianchi		
	18. 410.91		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY						
	[7] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	heart foilure, asthenia, etc. It means the disease,						
		115					
	DISEASES OR CONDITIONS, if any, giving  (B)			A CONSEQUENCE OF:	120710		
			e (C) ARTE	ERID SCL	FROSIC		
	ll l	·	\ \f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		:= = = = = = = = = = = = = = = = = = =		
ON	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING	;				
A	DISEASE OR CONDITION GIVEN I	N PART 1 (A).		20 A. AUTOPSY2 (Yes	or No. 208 IF YES WERE F	INDINGS CONSIDERED	
RTIF						ISES OF DEATH?	
A	21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE O DEATH (notify medical examine)	F ho	ome, farm, factory, street, of	n or obout 21C. WHERE D	OID (If in Baltimore	: City, give exact location)	
ō		(Yeor) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DII	D INJURY OCCUR?		
Z	(A PPROX.)						
	22. I certify that (I) (this has	rpital) attended	the deceased fram	1-5-65	5 19 to 5	5-69 19	
				9 19 01		ian death accurred on the date	
	and haur and fram the causes	s stated above.	(I) (We) (did) (did ast)	riew the body ofter de	eath.		
	23A SIGNATURE					238, DATE SIGNED	
	John Cosh	antine	C OEGREE Phy	s. Director L	Staff Phys.	8-7-69	
	23C/PHYSICIAN'S NAME (Type)		7	23D. ADDRESS			
9	JOHN CO	STAN	TINI, MEDE	2345.6	ONKLING	ST BALTO. AN	
	REMOVAL (Specify)	TE 24C.1	NAME of CEMETERY of CRI	Cemetery 2	Baltimore Md.	y, lown, or county) (State)	
		169				A A B B C C C	
25A	1000					Conkling 54.	
VS	AUG / 1909 Vale	10 CH Value	CLUY VI	1 adsehuit 40	Ladinia, Loo o.		
	BIR 1.N (Ty)  3. FUCATION  13. 10A  10A  24A  25A	BIRTH NO.  1. NAME OF DECEASED  (Type or Print)  Maria Bio  3. PLACE IN BALTIMORE, MARYLAN  FULL NAME OF HOSPITAL OR ADDRESS OR INSTITUTION  3401 E. Lombard Si  5. SEX  6. RACE  White  10A. USUAL OCCUPATION (Give kind done during most of working life, even if re  Housewife  13. FATHER'S NAME  Ciuseppi Camelli.  15. Was Deceased Ever in U. S. Arming (Yes, no or unknown) (If yes, give wor content of the content foilure, asthenia, etc., Il minjury or complication which content foilure, asthenia, etc., Il minjury or complication which content foilure, asthenia, etc., Il minjury or complication which content foilure, asthenia, etc., Il minjury or complication which content foilure, asthenia, etc., Il minjury or complication which content foilure, asthenia, etc., Il minjury or complication which content foilure, asthenia, etc., Il minjury or complication which content in the couse UNDERLYING CONDITION last UNDERLYING CONDITION last UNDERLYING CONDITION last UNDERLYING CONDITION GIVEN IN 19A. DATE OF OPERATION 19B.  VA  OTHER SIGNIFICANT CONDITION GIVEN IN 19A. DATE OF OPERATION 19B.  VA  OTHER SIGNIFICANT WAS UNDERLY (APPROX.)  21D. TIME (Month) (Doy) of INJURY (APPROX.)  22. I certify that (I) (1 initial or initial content in the cause: 23A-SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. PAREMOVAL (Specify)  Burial  25A. DATE REC'D BY HEALTH DEPM.  AUG 7 1969 (God)	BIRTH NO.  1. NAME OF DECEASED  (Type or Print)  Maria Bianchi  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONUTION  FULL NAME OF ADDRESS OR LOCATION: INSTITUTION  3401 E. Lombard Street  3401 E. Lombard Street  5. SEX  Fem.  6. RACE White Widows Wife  10A. USUAL OCCUPATION(Give kind of work 10B, KIND Codes during most of working life, even if retired)  Housewife  13. FATHER'S NAME  Giuseppi Camelli.  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  No  18.  19.  10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g. heart foilure, asthenia, etc. It means the diseosinjury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving its to the above couse (A) stating the UNDERLYING CONDITION last.  10.  11.  12.  13.  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	BIRTH NO.  INAME OF DECEASED (Type or Print)  Maria Bianchi  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  3401 E. Lombard Street  5. SEX  FOR.  O. RACE FEM.  O. RACE FEM.  O. RACE FEM.  O. RACE FEM.  O. RACE FOR.  O. RACE FEM.  O. RACE FOR.  O. RACE O. RACE FOR.  O. RACE FOR.  O. RACE FOR.  O. RACE FOR.  O. RACE O. RACE  O. RACE FOR.  O. RACE D. S. RACE FOR.  O. RACE O. RACE FOR.  O. RACE FOR.  O. RACE FOR.  O. RACE FOR.  O. RACE O. RACE  O. RACE FOR.  O. RACE O. RACE  O. RACE O. RAC	CERTIFICATE OF DEAT	SERTIFICATE OF DECASED   Candidate   Can	

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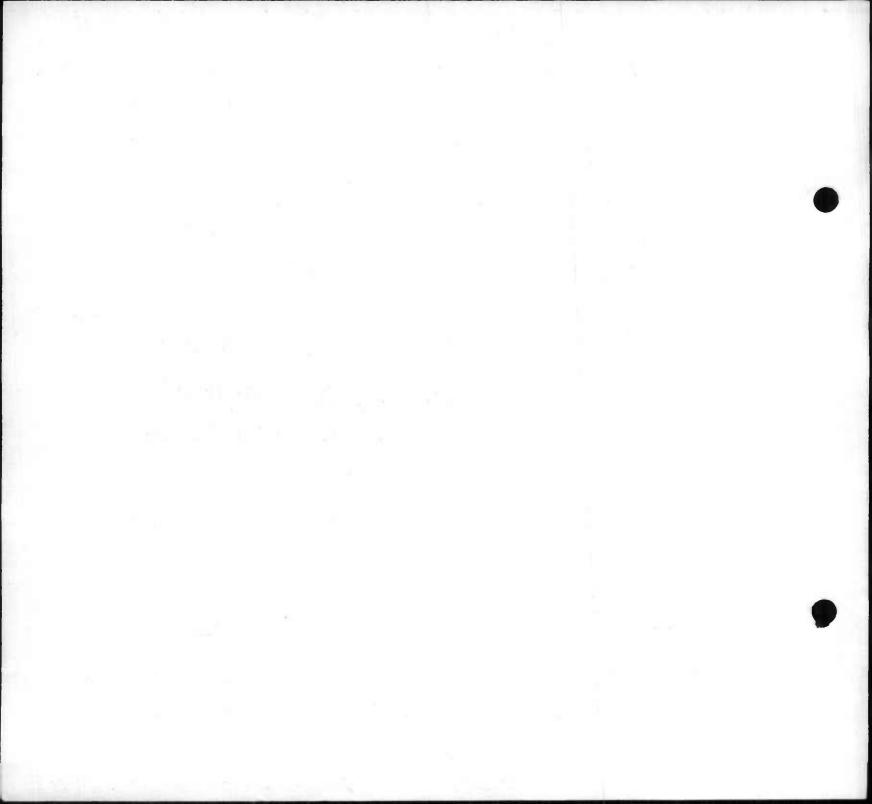
00 MOAE

B-620 69 7945 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 7945
BIRTH NO.  1. NAME OF DECEASED	
(Type or Print)	2. DATE Known XX Month Doy Year Hour
William Brooks  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 8 4 69 9:40 a.m.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)	PRONOUNCED DEAD  8 4 69 9:40 a.m.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution; residence before odmission) A. STATE B. COUNTY
1311 Whatcoat St.	Maryland /501
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male colored WIDOWED DIVORCED	Baltimore YES & NO [
9. DATE OF BIRTH  6-29-59  10. AGE (In years   H Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER  1311 Whatcoat St.
11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?  1.4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	WM. BROOKS
done during most of working life, even il retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	CATHERINE FRANKLIN
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Appares
NO.   CAUSE OF DEA!	CATHERINE BROOKS SAME
343,91	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0 - 1 - 1 - 2 - 1 - 2
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A)IMMEDIATE C	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
CC)	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
UNDERLYING OR CONTRIB.	in or obout 22C, WHERE DID (II in Baltimore City, give exact location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK  M. WORK	WHILE
23.  I certify that I held an Inquiry Inspection Aut	opsy X and that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicide	
111/2 1	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D.	DATE SIGNED
SIGNATURE M.D.	
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 8/5/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
BUDIAL 8-8-69 MTALIQUE	
	PALLED ALLED ALLED
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR IS PROPERCY
AUG 7 1969 Robert E. Raber 22.	25C. FUNERAL DIRECTOR 6, R. BALLADRESS  KELSON F. H. 1348 CALHOLM ST

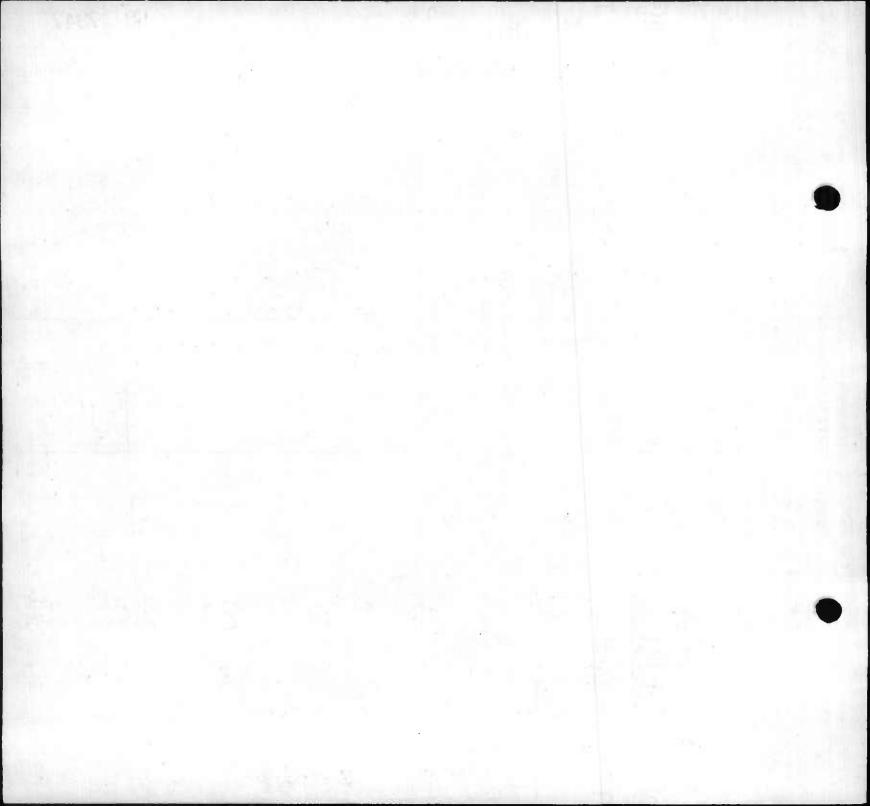
CLOCK - WAY BROOKS DALLSCOTTS & SCHLISHTED Busine 8-8 Williams Con Tanito KEUSEN E.H., 1347 CALHELOND ST

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-300 69 79	40	HEALTH DEPARTMENT  TE OF DEATH  REG. NO. —	69 7946		
	RTH NO. NAME OF DECEASED		2. DATE AND HOUR OF DEATH			
Ha	ype or Print) MOSES U. 1	ATTA	\$ 1/1/9	1 7 35 A.		
3	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	) / M.		
11.8	ULL NAME OF (IF NOT IN HOSPITAL OR ) OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	212/ GEORGIA	AVE. 5300		
ľ	MARYLAND GEN	* *	BALTO. MD.	YES NO		
-	SEX 6. RACE 17. MAD		2927 GEORGIA	AUE		
	MALE WHITE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  2/1/93  9. AGE (in yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
de de	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	NORTH CAROLINA	12. CITIZEN OF WHAT COUNTRY?		
	FATHER'S NAME	- <u></u>		U.S.		
"	JACK LATTA		14. MOTHER'S MAIDEN NAME  GARRET			
15 17	. Was Deceased Ever in U. S. Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	YES UNKNOWN	237-12-7502	WILLIAM LATTA 29.	27 GEORGIA AVE		
	394.01	CAUSE OF DEATI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The second secon	ONARY CONGESTON	2		
	(This does not meon the made of dying, heart failure, asthenia, etc. it means the disc	DOL 10, 0K A3 /	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES	MITTA	EARCHTEATION THEM	Ó		
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	0.0		
	rise to the obove couse (A) sloting UNDERLYING CONDITION last.	the (c) Right	MATIC HEGNAT DUSEA	38		
2	II CALLED SIGNAL CONTROLLS					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL				
TIETC	19A-DATE OF OPERATION 198. CONDITION I	FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
ag	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY) e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exe					
ICAL	DEATH inotify medical examined	home, farm, foctory, street, off	fice bldg., INJURY OCCUR?	a city, give exect tecotion;		
MEDI	OF INJURY )Month) (Doy) )Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
^	(APPROX.)	While At Not While	<b>'</b> □			
	22. 1 certify that (1) (this hospital) attended the deceased from 7/11 1964 to 8/6 1969					
	that (I) (we) lost saw the deceased alive			nion death occurred on the date		
	and hour and from the causes stoted obov	e. (I) (We) (did) (did not) vi	ew the body after deoth.			
	Richard ( Kar M. M. ) Attending Med. Shaff To					
	23G. PHYSICIAN'S	OEGREE Phys.	3D. ADDRESS	0/6/6/		
24	Richard C. Keec	6 M. Doegree	827 Linden fre. 1	Balto, Ad.		
1	REMOVAL (Specify)	To be H	MATORY 24D. LOCATION 1City	y, town, or county) (Stole)		
25	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G FUNERAL DIRECTOR ADDRESS					
	AUG7 1969 Pabers E. Fail	en M. Der O	Sept Schwab Thing	ral Home Ine		
V 5	150-REV, 1/1/68			7		

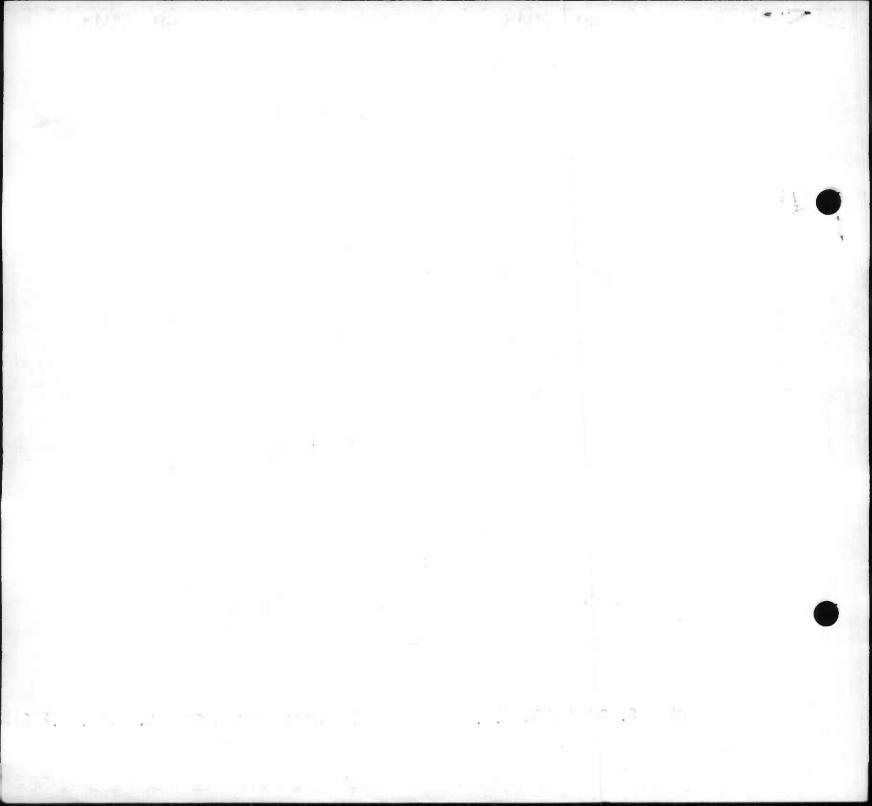


BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance A. STATE 8. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS 0 cause; YES 🔽 NO ecours prior E. STREET AND NUMBER contributing occurred (4) Undetermined made regular S. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 6. RACE If Under 24 Hrs. MARRIED NEVER MARRIED lost birthday deceased Dovs Months Hours WIDOWED DIVORCED 2 IDA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) HOUSE W Was the MOTHER'S MAIDEN NAME assistant death no 15. Was Deceased Everain U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) kind; ADDRESS 16. SOCIAL SECURITY NO. 17. INFORM AN final attendance any 18. CAUSE OF DEATH APPROXIMATE INTERVAL 20 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A COMSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, examiner gular xaminer. injury or camplication which caused death.) ANTECEDENT CAUSES ears 0 who 10 are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF 3 rise ta the above cause (A) stating the physician UNDERLYING CONDITION last. the remains medical Mas medical 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDIJION GIVEN IN PART 1 (A) Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY! (Yes) or No! 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? iture before 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, linest, office bldg., INJURY OCCUR? the 6 Ü 21 A. ACCIDENT WAS UNDERLYING (If In Boltimore City give exect location) where OR CONTRIBUTING CAUSE OF hospital o Z DEATH (notify medical examined) etc.) nature; MEDI 21 D. TIME OF INJURY (Hour) obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED 9 approved (except While At Not While (APPROX.) Work At Work and to the any 19 69 22. I certify that (I) (this haspital) attended the deceased from 6 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date be of death) hospital and haur and from the causes stated abave (1) (We) (did) (did not) view the bady after death. the body was released must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Shaff M 0 Phys. Director Phys. approval ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to An 4 GEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) DATE 24C. NAME of CEMETERY of CREMATOR LOCATION deceased o written shows: å SACIA | 2/2 NAME OF REGISTRAR MOS 2SC. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



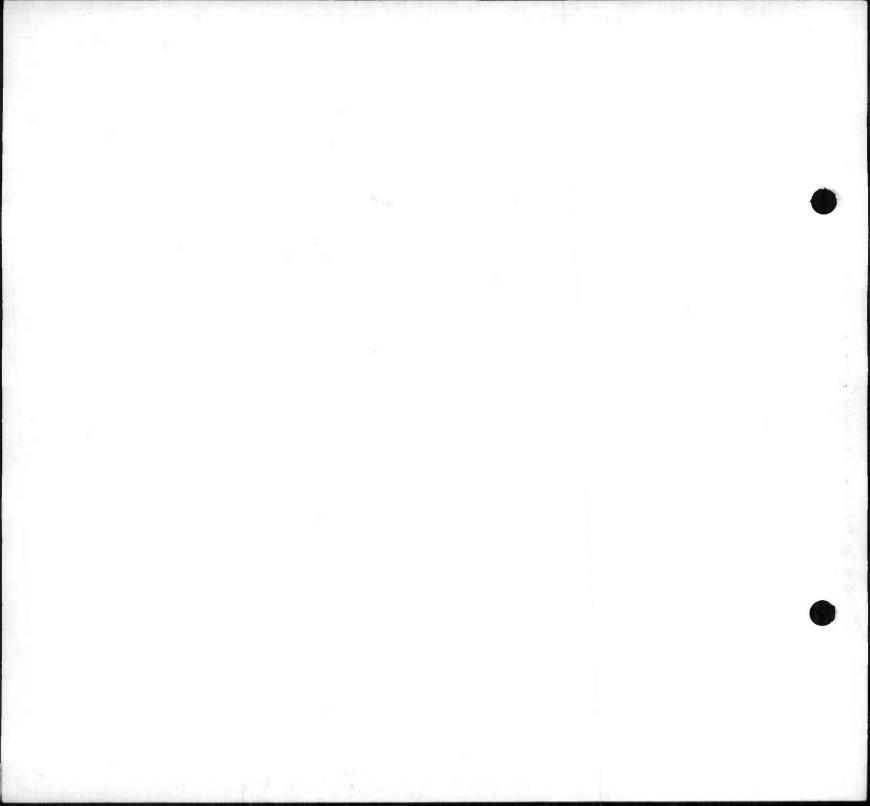
FUNERAL DIRECTOR: IMPORTANT		E
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	n a hospital and g cause of death iuse; (5) Deceased tendance on the r to death. Such	5621

	h3 /340	TE OF DEATH REG. NO. 69	7948			
- 1	I.NAME OF DECEASED (Type or Print) EMERSUN BERTHA.	2. DATE AND HOUR OF DEATH	1 9:30			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence belove admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE	1204 CITY LIMITS?			
4	Union MemoRIAL HOSPITAL	E. STREET AND NUMBER	ES NO			
	5. SEX   6. RACE   7. MARRIED   ALTERT MARRIED	B. DATE OF BIRTH 12. AGE (In years				
	WIDOWED DIVORCED	11/7/190/ lost birthday	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote at foreign country)	2. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA			
	UNKNOWN GEO. Farmer)	MAKY FARMER				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) \$ SECURITY NO.	17. INFORMANT	ADDRESS			
	18. 4 CAUSE OF DEATH	Mospulacheco	APPROXIMATE INTERVAL			
		Resoctut compete at Sided	CLA STYCKE - LT.			
	(This does not meon the mode of dying e.g. (A) IMMEDIATE CAU heort loiture, astheria, etc. It means the distance	SE NOME THE STATE OF	CVA-10yrprin			
		Lized Atheroscierosis	PTA.			
	DISEASES OR CONDITIONS, it ony; alvias DUE TO, OR AS A CONSEQUENCE OF:					
	UNDERLYING CONDITION last,	Leeding 2° to alove				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	acture of Hip.				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED TO SEE THE PROPERTY OF THE P	20A. AUTOPSY? (Ye'd of No) 20B. IF YES WERE FINI	MAGS CONSIDERED			
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, affi	NO	ty, give exact location)			
	DEATH (natify medical examiner) [etc.)	ice bldg., INJURY OCCUR?	y, give exect location;			
Ш	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	2328 BARCLAY J	,			
	(APPROX.) 7/10/69. Work At Work Shipped at home & July					
	22. I certify that (IF(this hospital) attended the deceased fram	19 69 10 8/4	19 69.			
	that (II (we) lost saw the deceased alive on					
	23A. SIGNATURE		R DATE SIGNED			
	23C. PHYSICIAN'S	ding Med. Staff Phys. 3D. ADDRESS	8/4/69.			
	DAVID S SCHWARTZ M D	THE STATE OF THE S	I DALTO MD 31310			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY	UNION MEMORIAL HOSPITA MATORY 240. LOCATION (City, 1)	own, or county) (Stote)			
	Ourial 8-7-69 MX Galva	ry (Em ll. ll. lo	md			
	AUG 7 1969 Javes E. Walker, M. B.	Joaquer & anders	2172 (Treston S			
1	/S 150-REV. 1/1/68 / V					



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	69 7949	BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT			
B	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70.10	
	NAME OF DECEASED		2 DATE AND	HOUR OF DEATH	1040	
- IIa	ype or Pantl	Pollie	8-	5-19	855 p	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	residence before admission)	
	OFFITTERING LATERON MI TON TO TO AMAN LIVE		A. STATE B. COUNT	city of	16. FAI	
- 11 F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  ASSITUTION	ON, GIVE STREET	C. CITY OR TOWN	50	tr/m'001	
-    "	Johns Hopkins Hospital	·/	Rith	D. INSIDE CITY		
	Downs Ashernz Asshire		E. STREET AND NUMBER	YES &	NO	
	33		201	ON Asse	516 84	
5.	SEX 6. RACE 7. MARRIED 1	NEVER MARRIED		. AGE (In years of Un	der 1 Yr. If Under 24 Hrs.	
	WIDOWED	DIVORCED	2-11-21	48	Doys Hours Min.	
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreig	n country) 12. C	TIZEN OF WHAT COUNTRY?	
1	N I I I I I I I I I I I I I I I I I I I		Kalt in	Maruland	1101	
13	Domestic Work		14. MOTHER'S MAIDEN NAM	HIVYTHIAI	WA.	
	General Paris			R		
15	Wos Deceased Ever in U. S. Armed Forces?	SOCIAL	hucy	130yer		
CA	es, no or unknown) (If yes, give wer or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	160		Mrs. Barbara	Street 25	541 W. CSKUSOCIO	
	18. 153.8	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY		12 1	1	BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		vreps	14.	
	heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		1/	
	injury or complication which coused death.)	0	100-1		In	
	ANTECEDENT CAUSES	(B) Joneresse	d gamero ores	sure-and la	antolonia	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:	2 2 2 1	7	
	UNDERLYING CONDITION lost.	(c) Parile	reles 2 Berl	noted Carin	me deldon -do	
	11				17/	
NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ( (A).	***********************			************************	
CERTIFICA	19A-DATE OF OPERATION 198. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING	S CONSIDERED	
	Fores & of so	mind pai	NO	THE SERVICE OF SECTION AND SEC		
	OR CONTRIBUTING CAUSE OF home. I	orm, foctory, street, off	of about 21 C. WHERE DID	(il in Bollimore City, g	ive exect lecotion)	
E						
l G	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJ	URY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
1	(APPROXI While A	Not While				
	22. I certify that (#) (this hospital) attended the d		? '(/) . * 10	14. 50	10/10	
- 11		}-5°-	1000		19-00-fine	
				in(my) (our) opinion #e	ath occurred on the dote	
	ond hour ond from the couses stoted obove. (5) (W	e) (dld) ( <del>dla net</del> ) vl	ew the body ofter deoth.			
Ш	10/1/1	MD Atten	ding [ ] Med. [ ] Si		ATE SIGNED	
	23C. PHYSICIAN'S Sulf Seek lender	DEGREE Phys.	Director L Pt	off S-	3-64	
	NAME (Type)	100	D. ADDRESS	Box 161		
:  L	Paul L. Tecklenbe	OFFREE	60/ N. Groade	Va4 1	Potto MA 2120	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME	SI CEMETERY OF CREA	MATORY 24D. LOC	AUON (City, town,	or county! (State)	
	BURIOL 8/9/69 Mt.	Auburn	Com R	altimore +	taxiland	
25	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF RE		25C. FUNERAL DIRECTOR	111111111111111111111111111111111111111	ADDRESS	
	AUG7 1969 Valent & Jackey M.	49 0 0 C	Marky 3 D	watt I'll 17	al launere c	
VS	150-REV. 1/1/6B	-	TIME ICHON DE	30111111	01 LAGRENS ST	



RAITIMODE	CITY HEALTH	DEPARTMENT
DALLIMURE	UIII DEALID	DEPAKIMENI

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	MEDICAL	EXAMINER 3	CERTIFICATE OF DEA	IH .

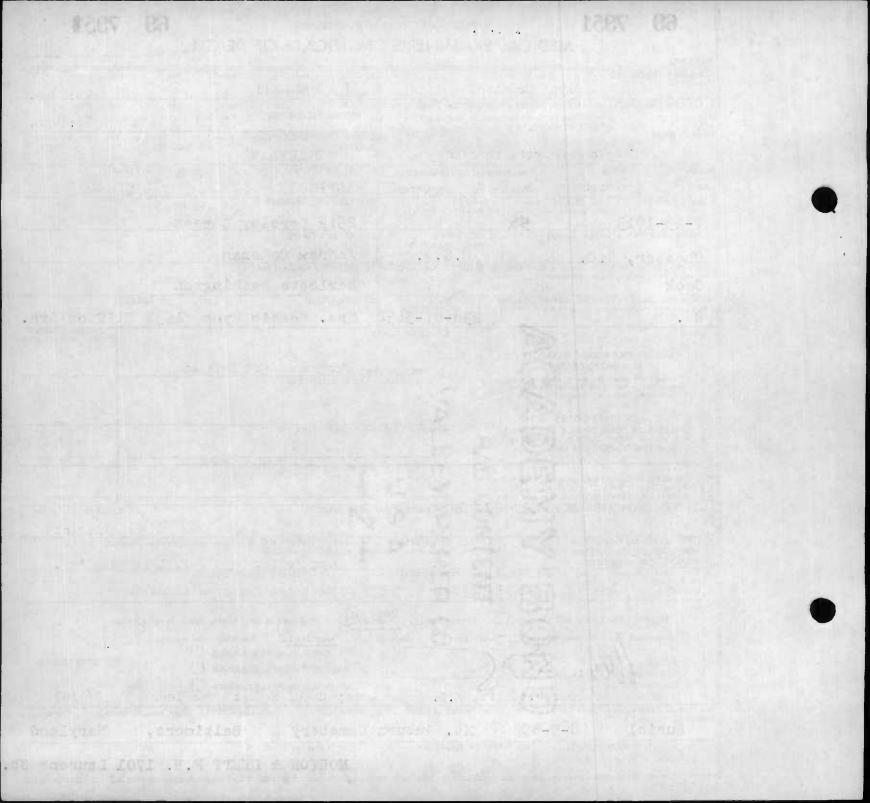
ВІ	RTH NC.	NCAL L	AAMII AEK S (	CLKIIII	CAIL OF	DEATI	REG. NO.		
	NAME OF DECEASED			2. DATE	Known 🐰	Month	Day	Yeor	Hour
	CARRIE	ELLERBY	(20000000)	OF DEATH	Estimoted 🗌	August	6, 196	9	
	PLACE IN BALTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
HC	LL NAME OF (IF NOT IN HOSPIT SPITAL ADDRESS OR LOC.	AL OR INSTITUT	TION, GIVE STREET		INCED DEAD	August	6, 196	9	9:00 P.M.
	Franklin Sq	uare Ho	spital (DOA)	A. STATE	SIDENCE (When	В	ed. If institution:	residence b	efore odmission)
6.	SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	9
	Female Negro	WIDOWED	DIVORCED .		Baltimor	e	YE	s XX	ио 🗆
9.	10.AGE (10st birthd)	n yeors If t Mor	Inder 1 Yr. II Under 24 Hrs. oths: Doys: Hours: Min.	E. STREET A	ND NUMBER				
	BIRTHPLACE (Stote or loreign country)	1			514 N. G	ilmore	Street		
11.	Atlantic, Georgia		WHAT COUNTRY?	Unk.	SNAME		Part of		THE IN
144	USUAL OCCUPATION (Give kind of work				'S MAIDEN NA	ME			
laou	eduring most of working life, even il retired) aundress			Unl		,,,,			-
	WAS DECEASED EVER IN U.S. ARME	FORCES	IIZ SOCIAL						
(Ye	s, no or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.	18. INFORM		c . m . t . t		DRESS	
N					Clara 1	Aceria	9 514		
	19.412.4-1		CAUSE OF DEAT	TH					PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRE	CTLY	Arteriosc	lerotic	cardiova	ecular	disease		
	LEADING TO DEATH		(A)IMMEDIATE C		Cararova	Boaraz	a I D C G D C		
	(This does not mean the made of dy heart failure, asthenia, etc. it means the	ing, e.g.,	DUE TO, OR A	S A CONSEQU	JENCE OF:				
	injury or complication which caused de	oth.)							
	ANTECEDENT CAUSES								
	DISEASES OF CONDITIONS IS AND	, GIVING	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	TING THE							
S	Constitute Constitution Last.		(c)						
Ē	OTHER SIGNIFICANT CONDITIONS C	ONIVERSITE							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO	THE TERMINAL							
E	DISEASE OR CONDITION GIVEN IN P.								
8	20A. DATE OF OPERATION 20B. CO	NDIIION FOR	WHICH OPERATION WA	S PERFORME	D			21. AUTOF	SY? (Yes or No)
	2)							Y	es
MEDICAL	228. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location)  UNDERLYING ☐ OR CONTRIB-								
X	UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year	·) (Hour)  2	ZE.INJURY OCCURRED	22	F. HOW DID IN	HINY OCCUR	^		
	OF INJURY (APPROX.)	, ,		WHILE	NOW DID IN	JOKT OCCOR	.f		
	23.	m. \	WORK L AT W						
		nguiry 🔲	Inspection Aut	ODSY XX	and show on al	Lta basta 3	and t		
					and that on the		_		
	resulted from: Natural causes Accident Suicide Homicide Undetermined manner								
	ACTUAL X	1	1		HIEF MEDICAL E		_		DATE SIGNED
	SIGNATURE CONTRACTOR	1 a	J. Jak M.D.	ASSIST	TANT MEDICAL E	XAMINER N		1 5.78	THE STOTTES
	Termina (Type)	S. Spr	ingate, M.D.	ASSOC	CIATE MEDICAL E	XAMINER [	] Aug	ust 7	, 1969
24/	MOVAL (Specily) 248. DATE	24	C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, town,	or county)	(State)
KEI	Burial 8-11	-69	Mt. Auburn	Cemet	erv	Baltim			yland
25/	. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		JNERAL DIRECTO				320220
A	UG7 1969 Robert E	Fa. Q.	W A					Ol La	aurens St.
1/5		The state of the s			0 1	)			

## BALTIMORE CITY HEALTH DEPARTMENT

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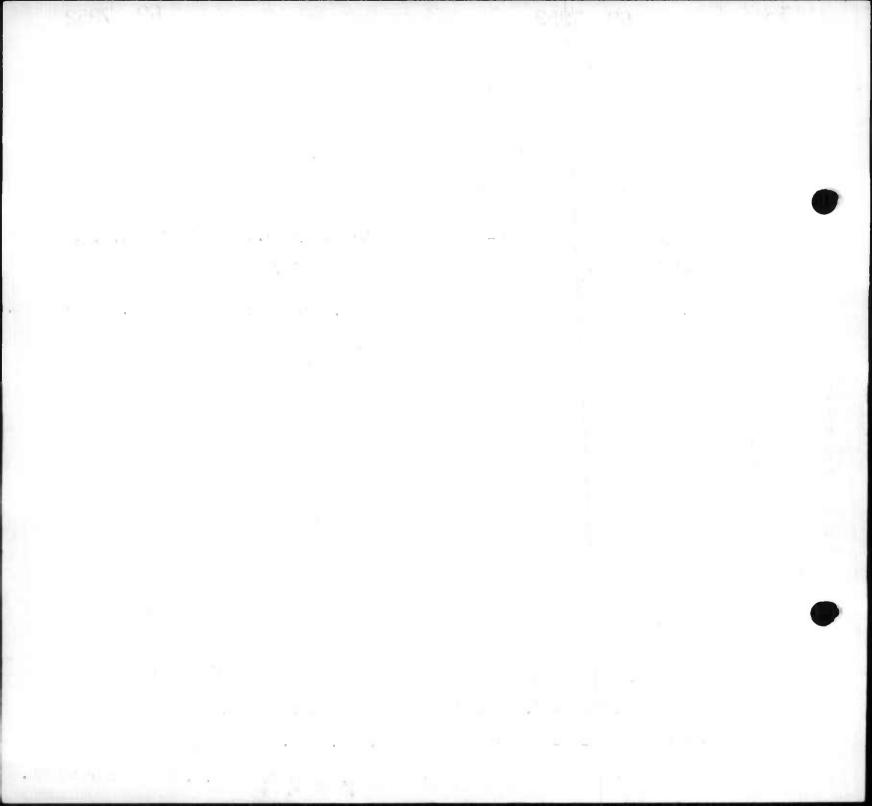
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
111221011			

BIRTH NO.		MEL	ICAI	EXAMINER	3 6	EK I IFI	CATEO	FDEAT	H REG. NO.		
I. NAME OF DEC	CEASED					2. DATE	Known 😡	Manth	Day	Year	Hour
(Type or Print)		John	Cole	eman		OF DEATH	Estimoted [	8	3	69	11:10 a.
4. PLACE IN BAL	LTIMORE, MA	ARYLAND, V	HERE P	RONOUNCED DEAD		3. DATE		Month	Doy	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	ESS OR LOCA	LORINS	TITUTION, GIVE STREET			ESIDENCE (Wh	8	3	69	11:10 a.
		nd Gen		Hospital		A. STATE	?MARYLA		B. COUNTY	120	23
S. SEX	7. RACE		B. MARI	RIED NEVER MARRIE	D 🗌	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
male	dore			VED A DIVORCE			IMORE		Y	ES 🖾	NO 🗆
7-13-19		10. AGE (In	56	If Under 1 Yr. ii Under 2 Months : Doys : Hours			AND NUMBER	94-			
1. BIRTHPLACE (S		gn country)	20	12. CITIZEN OF		13. FATHER	2 Barcl	ay Sti	eet		
Charter	» C C	4		WHAT COUNTRY?			rew Col	emen			
Chester (A.USUAL OCCU	PATION (GIV	e kind of work	14B. KIND	OF BUSINESS OR IND	USTRY	15. MOTHE	R'S MAIDEN N	AME			
one during mast of v	working life, ex	ren il retired)				Char	lotte W	ashing	ton		
. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? 17. SOCIAL		18. INFOR				DDRESS	
NO •	(It yes, give	wor or dates	ot service	238-07-3	658	Mrs	. Bessi	e Wynr	1537	Clif	fton Ave
19.	6 3/			CAUSE OF						A	PPROXIMATE INTERVAL
DISEAS	E OR COND	ITION DIREC	TIV							DET	WEEN ONSET AND DEA
	LEADING TO		.161	ANIMMED	IATE C	Alice Sta	b wound	of left	arm		
heart tailure	not mean the c, osthenia, etc mplication whi	. It meons the	diseose,	DUE TO	O, OR A	S A CONSEC	UENCE OF:				
injury or can	inplication with	ch coosed dec									
	NTECEDENT			(B)							
RISE TO THE	OR CONDITI	USE (A) STAT	, GIVING ING THE	DUE 10	O, OR A	AS A CONSE	QUENCE OF:				
Z UNDERLYIN	NG CONDIT	ION LAST.		(c)							
		11									
2 TO THE DEA	NIFICANT COI ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL							
20A. DATE OF	POPERATION	V 208. CON	IDITION	FOR WHICH OPERATIO	N WA	S PERFORM	IED			21. AUTO	PSY? (Yes or No)
the state of the s										P	artial
22A. EXTERI	NAL CAUSE			228. PLACE OF INJURY home, form, foctory, stree	(e.g., i	n or obout 2	2C, WHERE DIE	(il In Boltimor	e City, give exc	act location)	10-0-1
UTING CA				bar	i, unice		lank's Ba		7 E. La	favett	ο Δτο
OF INJURY	(Month) (D	oy) (Year	) (Hou	22E. INJURY OCCUR		2	2F. HOW DID I		JR?	247000	
(APPROX.)	8 3	69	11:10	a WHILE AT WORK	NOT V	WHILE A	stabbed	during	alterca	tion	
23,	Ify that I h	eld on Ir	quiry [	Inspection	Par	tial opsy	and that on	this basis.	death In my	oninton	
result	ted from: N	lotural cous	- T	Accident S	vicide	7	micide X		ned manner	_	
	11.		~	-		_	CHIEF MEDICAL				
SIGNATE	UPE/1/21	nest	1	(	_M.D.	ACCI	STANT MEDICAL				DATE SIGNED
EXAMINI NAME (T		erner [	Sp	itz, M.D.	ī	ASSO	Chief Me	EXAMINER dical F	∐ xaminer		8/4/69
4A. BURIAL CREA	MATION, 2	48. DATE	1	24C. NAME of CEME					(City, town		
EMOVAL (Specifi Buris	al	8-9-	69	Mt. Aub					imore,		Maryland
SA. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REGISTRAR			UNERAL DIREC			DDRESS	
AUG7	1969	Robert !	J. Ja	Ban MD O	7	.MO	RTON &	PYETT	F.H. 1	701 I	Laurens
151-REV. 1/1/68	N	884.	0								



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	69 7952 BALTIMORE CI	TY HEALTH DEPARTMENT 69 7952
7004		ATE OF DEATH REG. NO.
deat deat deat n th	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
a hospital ause of d e; (5) Dece ndance on to death.	Dever 11 ASON LES	August 7, 1969 2:40 P.M.  4. USUAL RESIDENCE (Where deceased fixed. It institutions residence before admission)
spita b of c) Dec nce o eath.	3. PLAGE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased tived. It institution: residence before admission) A. STATE & COUNTY
a hosp cause se; (5) andance to dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ADDRESS OR LOCATION)	MD. 2.001
cau cau	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	JOHNS HOPKINS HOSPIFAL	E. STREET AND NUMBER
outing ed cau ar att prior de.	33	1956 W. FAYETTE ST.
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   1] Under 1 Ye . If Under 24 His.
contributing contributing itermined care regular at ceased prior n is made.	WIDOWED DIVORCED	1 June 18, 1916 Hours bernady
th co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even it retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
direct or callinet	Laborer Beth-Steel	Nottoway Co., Virginia U.S.A.
wa the	SAMPSON LEE	14. MOTHER'S MAIDEN NAME
dispo		BETTY JETERS
kind; death	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of servicel  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
10	No.	Mrs. Rosa Mae Lee 1956 W. Fayette St.
	18. 3 9 8 1 CAUSE OF DEA	I WILLIAM TE HATEKA VE
E 0 T E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying an (A)IMMEDIATE C.	AUSE CARDIAC ARRHYTHMIA 40 mins.
er. ctu pro lar	injury of complication which coused death )	
fra	ANTECEDENT CAUSES	COLATIC HEART DISEASE
Xan Xan Wh wh are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
O E.E W	nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
medical ledical burns; hysicia in was remain		
ber hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ELDO	DISEASE OF CONDITION GIVEN IN PART 1 (A).  194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
by a 2) Body re the physicione th	WAS PERFORMED	20 A AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
al by (2) Bere to phy efore	OR CONTRIBUTING CAUSE OF	in or obout 21 C. WHERE DID (II In Boltimore City, give exact location)
> このここの	DEATH (natify medical examined etc.)	Name of the state
med (6)	21D. TIME (Month) (Doy) (Yoo) (Haud 21E INJURY OCCURRED OF INJURY OCCURRED While At The Not	21F. HOW DID INJURY OCCUR?
	Wark At Wark	
the can	22. I certify that(1)(this hospital) attended the deceased from	[y_0]
be to	that (1) (we) last saw the deceased office on Aubust 7	19 69 and that In(my) (our) opinion death occurred on the date
dent of ospital death) must be	and haur and from the causes stated above. (1) (4) (did) (did)	view the bady after death.
		ending Med, Med, Sheff Day
released accident a hospit r to deat val must	23C. PHYSICIAN'S	1 Director Phys.   August 1 1969
An a Lat of prior	STEPHEN C. ACHUFF	23D. ADDRESS
y was related by was related by a cc.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	THE JOHNS HOPKINS HOSPITAL
	Burial 8-11-69 High Rock Bap	t Gb Gam
the boc shows: was D. deceas		25C. FUNERAL DIRECTOR ADDRESS
±48 ≯₽ ≯	AUG 7 1969 Robert E. Jacker, M. D.	MORTON & DYETT F.H. 1701 Laurens St.
	VS 150-REV. 1/1/68	



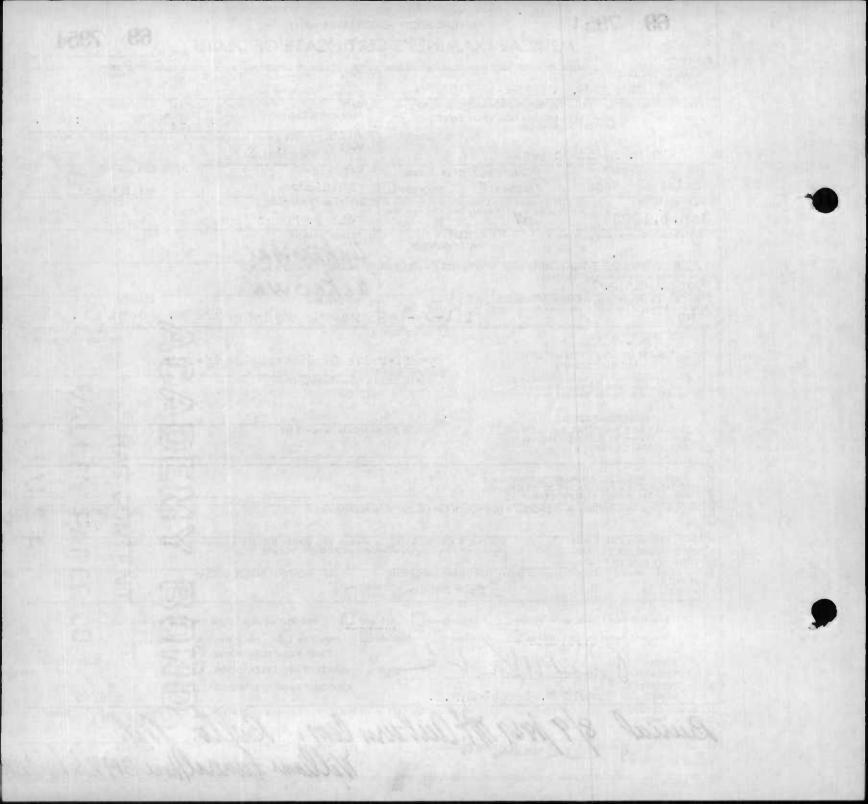
795MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
1 OCHIEDICAL	LVVIII I TV O	CEKILICATE	OI DLAIII,

69 795 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 7953
1. NAME OF DECEASED (Type or Print)  ARMELENE WASHINGTON	2. DATE   Known   Month   Doy Year   Hnur   OF   DEATH   Estimated   August 2, 1969   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD August 2, 1969 9:05 P.M.
Provident Hospital (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  ABOUT 13
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs. Months, Doys Hours Min.	E. STREET AND NUMBER
11. BIRTHPLACE Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?	Momas Hamis
4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if refired)	APMEZIONE HOWARD
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no og unknown) (If yes, give wor or doles of service)  SECURITY NO.	ROBERT WALLING ADDRESS
LEADING TO DEATH	erotic cardiovascular disease
UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
Z2A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.)  m. WORK NOT	WHILE OCCUR?
23.  I certify that I held on Inquiry Inspection Aurely Inspection Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Signature Examiner's Ronald N. Kornblum, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of GEMETERY 25A. DATE REC'D BY HEALTH OFFT. 25B. NAME OF REGISTRAR	POR CREMATORY 24D, LOCATION (City, Tolump or county) (Stote)  25C, FUNERAL DIRECTOR ADDRESS  25C, FUNERAL DIRECTOR ADDRESS
/S 151-REV. 1/1/68	The opening for a day home of his selections

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UU	1004

69	795	54		BALTIMORE CITY HE	ALTH DEPA	RTMENT				'co	120 = A	
		MED	ICAL	EXAMINER'S	CERTIFI	CATE	OF D	EATH	REG. NO	60	7954	
BIRTH NO.									KEG. NC	)		
1. NAME OF DEC					2. DATE	Knawn	D ,	Aanth	Day	Year	Hour	
	GEORGE		HNSO		DEATH	Estimoted	d 🗆					м.
				RONOUNCED DEAD	3. DATE	UNCED DEA	-	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	ADDRE	SS OR LOCA	TION)	THUTION, GIVE STREET			4		t 5,19		14;14	P. M
OR INSTITUTION 622 1	N. Mour	nt Stre	et		5. USUAL I A. STATE	Mary1		ce ased live	ed. If instituti	on: residence	before admi	ssion)
6. SEX	7. RACE		B. MARI	RIED NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?	0	
Male	Negr	0	WIDOV		Ba1	timore				YES 🔀	No $\square$	
9. DATE OF BIRTH	H	10.AGE (In		# Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMB	ER			TES (4)	NO L	
Jan.1,1	902	last birthdo	167	Manths, Days Hours Min.	622	N. Mou	int S	treat				
11. BIRTHPLACE (S				12, CITIZEN OF	13. FATHER		TILL D	rreer				
	Va.			WHAT COUNTRY?	110	641-11	111					
IAA IISUAL OCCUI		e kind of work	AR KINI	OF BUSINESS OR INDUSTR	VIS MOTH	P'S MAIDEN	LNIAME					
done during mast of w	varking life, ev	en if retired)		01 003114E33 OK 1140031K	1	L MAIDEN	1 MAINE					
HOSP. C		V	FORCE	CO LIZ COCIAL	aks	NON	VIV			4 D D D F C C		
(Yes, no ar unknawn)				SECURITY NO.	IB. INFOR			60		ADDRESS	CI A	
no						gie Sy	yano	L Sc	- IVe		_	
19. 410	2.21			CAUSE OF DEA	TH						WEEN ONSET	
DISEASI	E OR COND	ITION DIREC	CTLY	Umorto	anima C	ardiova	Lucas	or Di	20226			
	LEADING TO			Hyperte:		arurova	is cul.	ar Di	sease			
(This daes no heart failure,	at mean the , osthenia, etc.	mode of dy	lng, e.g., disease,	DUE TO, OR	AS A CONSE	QUENCE OF:					********	
injury ar com	nplication which	ch coused dec	oth.)									
44	NIECEDENT	CALISES		40)								
	OR CONDITION		GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:	:					
LINDERLYIN	ABOVE CAL	USE (A) STAT	ING THE									
2				(c)								
OTHER SIGN	IFICANT CON	II	NITPIRIT	TING								- 64
O THE DEA	CONDITION	RELATED TO	THE TERM	INAL								
E 20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR WHICH OPERATION W	AS PERFOR!	MED				21. AUTO	OPSY? (Yes	or No)
106.1											yes	
22A. EXTERN UNDERLYING UTING CAN		TRIB-		22B.PLACE OF INJURY (e.g., hame, lorm, lactary, street, office	in or obout e bldg., etc.)	22C. WHERE NJURY OCC	DID (If Ir	Bolttmore	City, give e	xoct location)		
		oy) (Year	) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DI	ID INJUR	Y OCCU	??			
OF INJURY (APPROX.)					WHILE							
23.				m. WORK L AT V	ORK							
1 certi	ify that I he	eld on la	nquiry [	Inspection Au	topsy 🔀	and that	on this	basis, d	eath in m	v opinion		
result	ed from: N	otural cour		Accident . Suicid		omicide 🔲			d monner			
.02011		)	. /	) soreit	- II	CHIEF MEDI		r	- monner	Lund		
ACTUAL	1 /	, /	111		ACC				ลี		DATE SIG	NED
SIGNATU	V	my	VIJC.	M.D	•	STANT MEDI			7			
NAME (T		nald N.	Kor	nblum,M.D.	ASSO	CIATE MEDI	CAL EXA	MINER L		8/	6/69	
24A. BURIAL CREN		4B. DATE	/	24C. NAME OF CEMETERY	or CREMATO	ORY	24D. LO	CATION	/ (City, to	In or soundy		te)
REMOVAL (Specifi		0/0	hall	2 19/4/101/	1 1	241	1	11/1		7/1-1	/ (310	
Ruria	4 0	1/1/	747	V// 1. UUV.U	M CE	11/1	100	ulo	1	141		
25A. DATE REC'D	BYHEALTH	S. 3 Elisa	ASTE V	AME OF REGISTRAR	25C.	FUNERAL DI	RECTOR		111	ADDRESS	/	1
HUG!	109				11/1	SIMON	171	MALA	MARY	1 3/9	M/sal	BEHARI
VS 151-REV. 1/1/68			7	5 7 0 - >	140	Value of the same	- Juli	- 000	4/4/	~ 0,1	114-11	- way

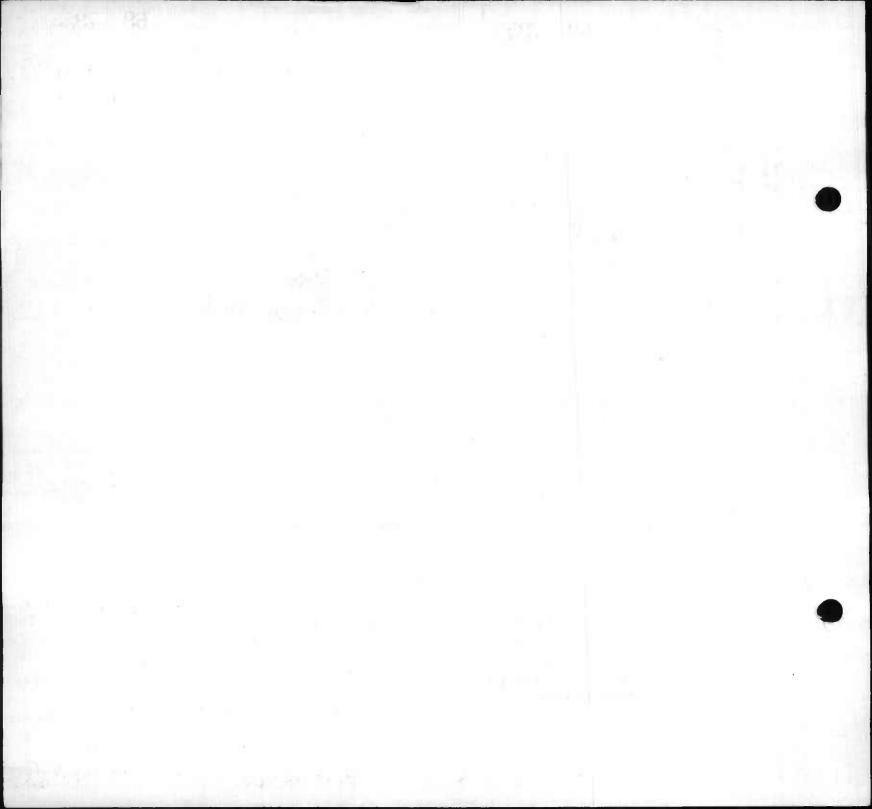


## FUNERAL DIRECTOR: IMPORTANT

and contributing cause of death (4) Undetermined cause; (5) Deceased Such uo a hospital eath. attendance 0 prior occurred is made. regular deceased disposition E Was the 6 death or final attendance any pronounced embalmed of fracture the chief medical examiner regular who GLE 4 (3) physician the remains burns; physician was (2) Body must be obtained before to the hospital by 919 °N any nature; ¥ĥ 6 9 approved (except and eath); shows: (1) An accident of hospital certificate must be the body was released O 0 approval 0 prior 10 was D.O.A. deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) amue 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before A. STATE

B. COUNTY Aculand FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION IMOLE D. STREET ADDRESS (If rurol, give location) Home ENNLUN 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDQWED, DIVORCED (specify) lost birthdoy MALE Whi MACLIED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) U551a MOTHER'S MAIDEN NAME 13. FATHER'S NAME mme 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL **INFORMANT** SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDE 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS ONDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING \_ CAUSE OF MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that In(my) (aur) apinion death accurred on the date and haur and fram the causes stated abave. (1) (الله) (did) (did) view the bady after death. 23A. FIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director PHYSICIANS 23D. ADDRESS NAME (Type) RVIN SAUBER 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION REMOVAL (Specify) 25C. FUNERAL DIRECTOR 9610 Revotero VS 150-REV. 1/1/65



VS 151-REV. 7/1/68

Walters Funeral Home Pratt&Stricke

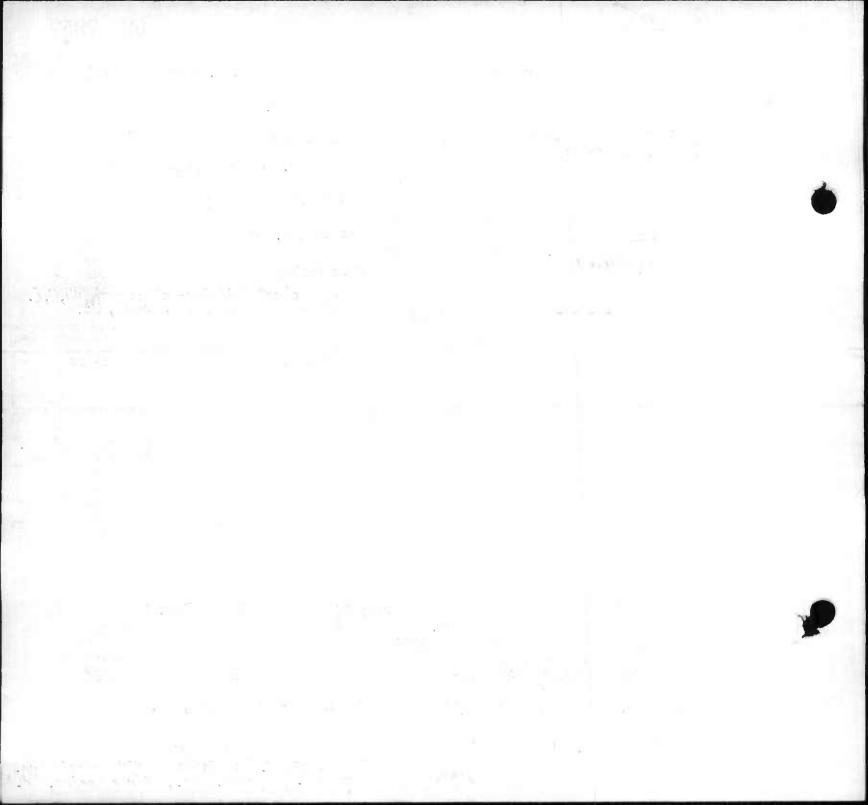
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FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner	pital by a medical examiner.	re; (2) Body burns; (3) A fractu	where the physician who pro	No physician was in regular	d before the remains are emba
9	st be proved	ased of the hos	lent of any natu	spital (except	death); and (6)	nust be obtaine
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	Pe or Print)		Jane Ph	illing			D HOUR OF DEATH		. 2 .00	. 6
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HO	SPITAL OR /	IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET		Md.	ma Tago		6.65	-00
IN	US Public I	Health Ser	vice Ho	spital	Silver			YES D	4	_
	3100 Wymai			- P	E. STREET AND	NUMBER	lkland Lane	153/27	J NO	
5.	EX 6. RA	CE	7- MARRIED	NEVER MARRIED KX	8. DATE OF BIRTH	н	9. AGE (In years	II Und	er 1 Ye , If U	Inder 24 Hrs.
	F	W	WIDOWED		7/31/	56	lost birthday) 13	Months	Doys Hou	s Min.
don	usual occupation during most of working Student	ON (Give kind of work lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ( Washing			12, CIT	USA	T COUNTRY
13.	FATHER'S NAME				14. MOTHER'S M				ACO	
	Robert M. I	Phillips			Jane Ra		WE .			
15. (Ye	Wos Deceased Ever s, no or unknown) (If ye No	n U. S. Armed Forces, give wor or dote:	ces? s of service)	SECURITY NO.	Records.	Robert - US PI	Phillips-R HS Hospital,	Bal	to, Md.	4,C,E.
	18, 192 9	7 1		CAUSE OF DEATH					APPROXIMAT	
		CONDITION DIR	ECTLY	(A) IMMEDIATE CAU	. Astı	rocyton	na.		Years	
	IThis does not me heart lailure, asthe injury ar camplicati	nia, olc. Il means	the disease.		A CONSEQUENCE					
		CEDENT CAUSES	0001111						1	
	DISEASES OR CO	ONDITIONS, il cove cause (A)	ony, giving sloling the	(B)DUE TO, OR AS	A CONSEQUENCE	OF:				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO TH	IE TERMINAL	***************************************	······			-		********
ERTIFICATION	19A-DATE OF OPER	ATION 198. CONI WAS PERF	DITION FOR V	WHICH OPERATION	20A-AUTOPSY		208. IF YES, WERE FIN CERTIFYING CAU	INDING	S CONSIDERED	>
CAL CE	21A. A CCIDENT WA OR CONTRIBUTING DEATH Indify medic	S UNDERLYING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., ir e, larm, factory, street, of	or obout 21C, WH	ERE DID		City, gi	ve exoci locotio	n)
	21D.TIME (Mon OF INJURY (APPROX.)	thi (Doyl (Yeorl	Whi	INJURY OCCURRED	1	W DID INJU	JRY O CCUR?			
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	that (i)/(we) last			ne deceased from			9 69 to Aug			1969
	, ,			0 4	19.69		ot in (m/r) (our) apir	ilan dec	th occurred	on the date
	23A. SIGNATURE	rne couses state	ed above. (I	) (We) (did) (offgt/1/9/1) vi	ew the bady aft	er death.		23R DA	TE SIGNED	
	Pete	er Phil	at	MT DEGREE Phys	nding Med	d.	Staff Phys.		8/5/69	
	23C. PHYSICIAM'S NAME (Typel Peter J	. Philpott	, SA Su	rg (R)	US PHS	Hospita	al, Balto, M	ſd.		
24A	BURIAL CREMATIC	N, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D. LO	CATION (City	y, town,	or county)	(Stote)
	Burial	Aug. 7, 19		Inion Cemetery			Burtonsvil	le.	Maryla	nd
254	AUG 7	1969 "Rober	E. Val	See 4.0	25C-FUNERAL	DIRECTOR	Glen Carter	84	34 49845%	gia Ave

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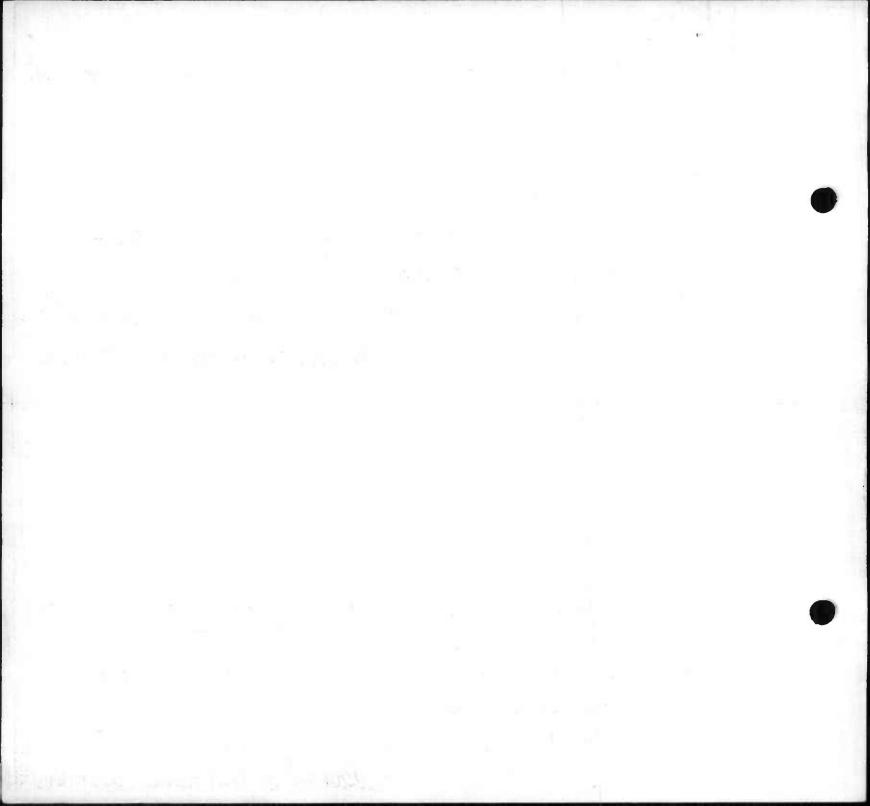
certificate must

shows: (1) An accident

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH INAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) EVA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? NO STREET AND NUMBER 2122 5. SEX 6. RACE 9. AGE (In years MARRIED If Under 1 Yr. Months! Doys If Under 24 Hrs. NEVER MARRIED Hours ew WIDOWED DIV ORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME DEORGE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ut yes, give wor or dates of service) 6. SOCIAL 17. INFORMAN ADDRESS 212 SECURITY NO. 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: lo the above cause IA) sloting the UNDERLYING CONDITION last П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPST? IYes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoci location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR! Not While While At IAPPROX. Work At Work 22. I certify that (I) (this hospital) attended the deceased from 1969 that (I) (we) last saw the deceased alive an and that In (my) (our) apinian death accurred an the date and have and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Med. Shoff Phys. Director OEGREE 23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL Specify DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)

d 25A. DATE REC'D BY HEALTH DEPT.

ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approach must be obtained before the semiclar or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

/ co mos	BALTIMORE CITY	HEALTH DEPARTMENT	60 5050
4-250 69 795	CERTIFICA	TE OF DEATH REG. NO	69 /808
BIRTH NO.		2. DATE AND HOUR OF DEATH	
(Type or Print)	) BRUNT LOGAN	August 6,1969	225 A W
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased lived, If ins	titutian: residence befare admission)
			C:4 1834
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Maryland Balto	DE CITY LIMITS?
		Baltimore	YES A NO
528 Nottingham Rd.	•	E. STREET AND NUMBER	
00		528 Nottingham Rd.	
	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
	WED DIVORCED	Sept.27,1879 89	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	New Castle England	USA -
13. FATHER'S NAME		New Castle England  14. MOTHER'S MAIDEN NAME	00
Henry Brunt		Ellen Carpmail	
15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na ar unknown) (If yes, give war ar dates af serv		Mms J.P. Oberholtzer	528 Nottingham
no none	216-46-57 CAUSE OF DEAT	<del>УУ</del>	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAI	ISE Cardiac annex	and don-
(This daes not mean the made of dying, heart failure, asthania, etc. 11 means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
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ANTECEDENT CAUSES	(1) artere	a consequence de	e 5+ years
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	4
rise to the above cause (A) slating UNDERLYING CONDITION (as).	The (c) King	titis, course undet,	3 months
11	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH			
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	1310 BLACE OF INTURY	TO SHOW A STATE OF THE STATE OF	Cu.
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, a etc.)	iffice bldg., INJURY OCCUR?	City, give exact lacation)
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21 D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED While At The Not Whi	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	Wark At Wark		
22. I certify that (I) (this hospital) attend		may 1969 10 6	Bucust 1969.
that (I) (we) lost sow the deceased alive	on 6 Ru	5 1969 ond that in (my) (our) opin	ion death occurred on the date
and hour and from the couses stated above		*	
23A. SIGNATURE			23B. DATE SIGNED
Mr. Theodore	Boas Mu Ath	ending Med. Staff Phys.	6 Aug 1969
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
M. IHEODORE	Jass MA	MED BOTS BLOC	BALT. M/
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City	y, tawn, ar caunty) (State)
REMOVAL (Specify)			
Burial Aug 7, 196	9 Druid Ridge	Comptony Baltimore,	Maryland
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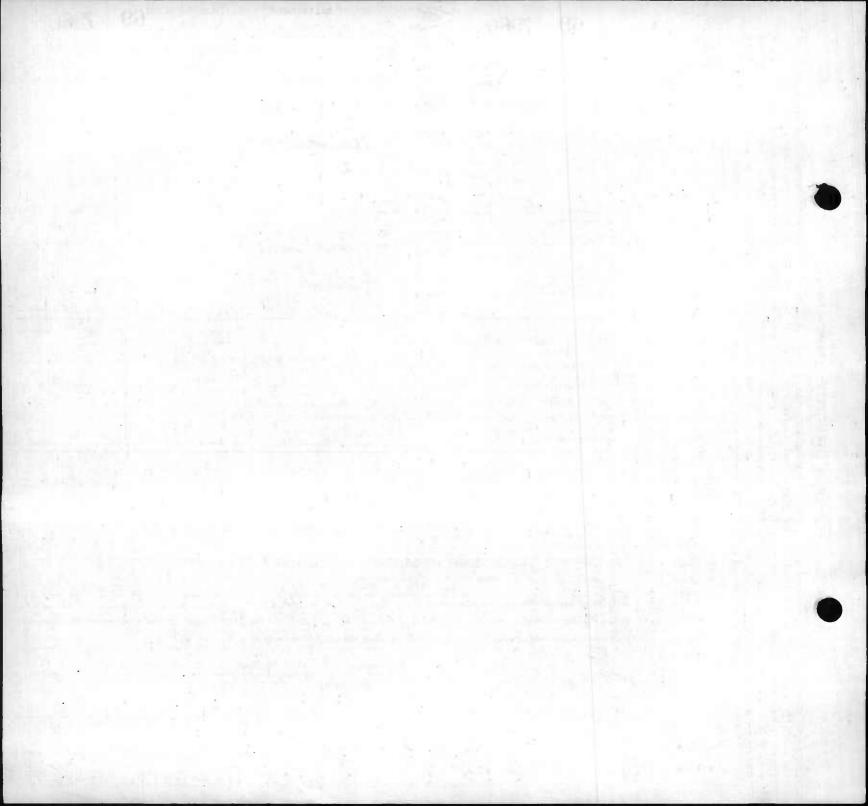
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the body was relea

BALTIMORE CITY HEALTH DEPARTMENT REG. NO ATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) A M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If before odmissian) institution; residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS SIMARITAN YES L NO 9. AGE (In years S. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WEST MOMEMAKEK 13. FATHER'S NAME WALTER 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO. OR AS DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) OF INJURY (Hour) (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED While At Not White p (A PPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased that (II (we) lost saw the deceased alive on and that in (my) (our) opinion death accurred on the date ond hour and from the couses stated above. (f) (We) (did) (did nat) view the body after death. 23B. DATE SIGNED 23A. SIGNATURE Attending | Med. Director \_\_\_ Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) CEMETERY OF CREMATOR 24A. BURIAL CREMATION, 24D. LOCATION REMOVAL (Specify) 25A. DATE REC'D BY HEALTH 252 FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

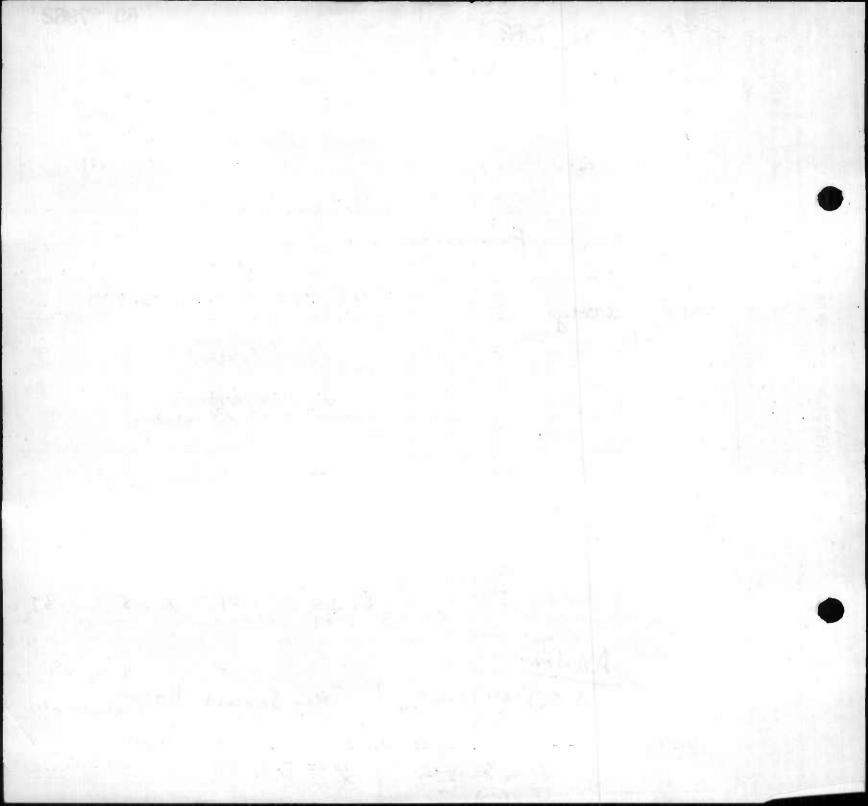


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(T)	NAME OF DECEA	BENNER, H			A	UGUST 6, 1	969 1 8	3:1 <b>9</b> A M
	PLACE IN BALTI/	(IF NOT IN HOSPITA ADDRESS OR LOCA			A. STATE B. CO MARYLAND C. CITY OR TOWN	Where deceased lived, If in BALT I MOR		ore odmission)
	40	ST. AGNES	HOSPI	TAL	BALTIMORE  E. STREET AND NUMBE  114 MAIDEN	R	YES NO	3 KX
	MALE	WHITE	WIDOWED		8. DATE OF BIRTH	9. AGE (In yoors lost birthdoy)	II Under 1 Yr. II Months Doys Ho	Under 24 Hrs. urs Min.
de	DISABLED	PLUMBER	1	BUSINESS OR INDUSTRY  MITCHELL	11. BIRTHPLACE (Side of MARYLAND		U.S.A.	AT COUNTRY?
		BENNER			MARTHA TIE			
(Y c	NO Decoased Ex-	er in U.S. Armed Ford yos, give war or deter	s of service)	216 826	9 ST AGNES 1	HOSP RECORD	S WALKENS	& CATON
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MEDI	(APPROX.)	Aonth) (Day) (Yeori	Whi)		· 🗆 📗	INJURY OCCUR?	16	60
	that (I) (we) la	st saw the deceased	dolive on			that In (my) (our) op!	nion death occurred	on the date
	23A. SIGNATURE	ben W. >	Gene	DEGREE Phys	nding Med. Director	Staff Phys.	23 & DATE SIGNED	5 9
24/	RU	IBON V. Z. TION, 248 DATE	LUNA	141	ST AGNES H	OSPITAL WIL	KENS & CAT	(Stote)
	Burial	8-9-69	Lou	don Park Ceme		Baltimore, Ma		
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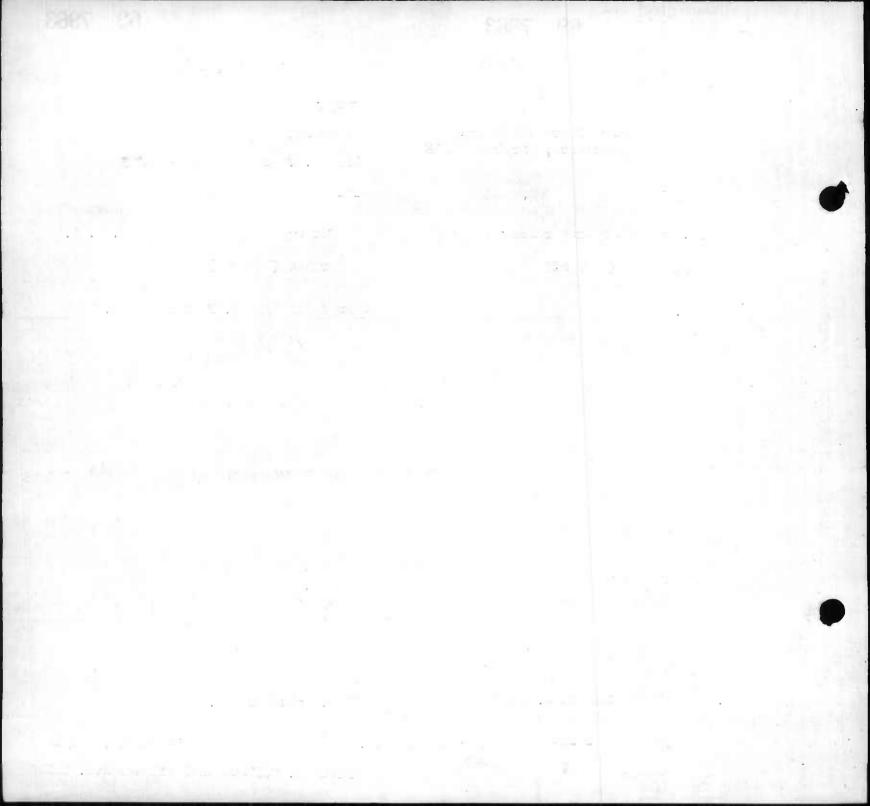
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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY	Y HEALTH DEPARTMENT 69 7962	
4-000 69 7962 CERTIFICA	TE OF DEATH REG. NO.	
BIRTH NO.		
(Type or Pan) R. John. R. FEE.	8-5-69 5- PM	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY	
SERREN NO.  L'RACKE OF DECEARD  TYPE OF THE MAINMORE MARTAND, WHERE PRONOUNCED DEAD  A TRACE IN PAINTMORE MARTAND, WHERE PRONOUNCED DEAD  A TRACE OF THE NATIONAL OR INSTITUTION, GIVE STREET  HOSTITUDE OF ADDRESS OR LOCARDON  THOUTH THE OF THE ORDER OF		
CERTIFICATE OF DEATH  REG. NO.  1900  CERTIFICATE OF DEATH  REG. NO.  1900  CHARACT OF SCEASED  TOTAL REGISTRATE HOUR OF DEATH  STATE RESIDENCE (INVENT decreased lived, II respitablem existance before admit a state of the control o		
SERIE NO.   1962   CERTIFICATE OF DEATH   REG. NO.   1962   NO.   19		
TO MAKKED TAEACK WAKKED	a lost birthday Manths Days Hours Min.	
	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
200111	Maguera	
13. NATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MiltonsFee	BIRGIEV Decker.	
4	Wile Son Falkton St. 21229	
18. / S. O. I CAUSE OF DEAT	H APPROXIMATE INTERVAL	
	0 / 5 1/	
(A) IMMEDIATE CA		
heart failure, asthenia, etc. It means the disease,	GORDITION DIRECTLY  LEADING DEATH  STATE OF DEATH  STATE AND RUMBER  STATE AND RUMBE	
	Hyper rephroma	
(B)		
rise to the obave couse (A) stating the	V:	
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CERTIFICATE OF DEATH  SEGNO OS 7962  CERTIFICATE OF DEATH  D. CASE AND HOUR OF DEATH  STORY OF MAN HOUR OF DEATH  MAN HOUR OF DEATH  STORY OF MAN HOUR OF DEATH  STORY OF MAN HOUR OF DEATH  MAN HOUR OF DEATH  STORY OF MAN HOUR OF DEATH  M		
OR CONTRIBUTING CAUSE OF home form fortery street	in or obout 21C. WHERE DID  Ulfice bldg., INJURY OCCUR?	
Q 21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Whi		
22. I certify that (1) (this haspital) attended the deceased fram	6.26 1969 to 8.5 1969.	
0. 5		
and hour and fram the causes stated above, (1) (We) (did) (didnet)	view the bady after death.	
23A. SIGNATURE		
7 1. 1 ° V	ending Med. Staff ys. Director Phys. 8,5,69	
CERTIFICATE OF DEATH  REG.NO.  1. CHANGE OF DECEASED  1. PLACE IN MAINTMORE MARILAND, WHERE PRONOUNCED DEAD  2. PLACE IN MAINTMORE MARILAND, WHERE PRONOUNCED DEAD  3. STATE  3.		
CERTIFICATE OF DEATH  REG. NO.  1. CASH AND FOR SCHARE  1. CHARLE NAME OF DECEASED  1. DECEASED  1. CHARLE NAME OF DECEASED  1. CHARLE NAME OF DECEASED  1. CHARLE NAME OF		
REMOVAL (Specify)		
VS 150-REV, 1/1/6B	Thousand I I do out of	



-	7	Value also	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 2000
BIRT	5-530 69	7963	CERTIFICA	TE OF DEATH	REG. NO	69 /963
	AME OF DECEASED  or Print)  Kathari	na Smith		August	6, 1969	
3. P	LACE IN BALTIMORE, MARYLAND	WHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. If in	nstitution: residence before admission)
HO	L NAME OF (IF NOT IN HOS SPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION	ON, GIVE STREET	Mary land	D. INSI	IDE CITY LIMITS?
(		rmount Aven e, Maryland		Baltimore E. STREET AND NUMBER 2536 W. Fairmou	int Avenue	YES NO 2122
5. S	EX 6. RACE	7. 44 4 PRISE .	NICYCO HARDICO	8 DATE OF SIRTH	AGE (In vente	If Under 1 Yr., If Under 24 Hrs.
	F W	WIDOWED	DIVORCED	9-7-70 lost	98	Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of ved during most of working life, even if retire et. Machine Operat	d)		Germany	country)	U. S. A.
3. [	(Unknown (Pha	ff		14. MOTHER'S MAIDEN NAME Dorthea (Unkr	nown)	
	Nos Deceosed Ever in U. S. Armed ,no or unknown) (If yes, give wor or		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.			Anna Smith 2536	W. Fairmo	ount Ave. 21224
	ANTECEDENT CAUSE DISEASES OR CONDITIONS, rise to the obove couse ( UNDERLYING CONDITION lost.	if ony, giving	(B) DOE TO, OR A	n'a Clypsis pass a consequence of:	nerals zu	2) years
	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION GIVEN IN 19.A. DATE OF OPERATION 198.	O THE TERMINAL PART 1 (A).		CIVIS GULLIN  [20A. AUTOPSY? (Yes or No)] 2	OB. IF YES, WERE	25 years FINDINGS CONSIDERED USES OF DEATH?
RT			ACE OF INTURY			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home,	form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(if in softimor	re City, give exact location)
Z Z	21 D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	eor) (Hour) 21 E. IN While Work	At Not Wh	21F. HOW DID INJURY	OCCUR?	
	22. I certify that (1) (this haspethat (1) (week) last saw the dece	ased alive on	angus	( '		nian death accurred an the date
	and haur and from the causes:  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  Gilbert	Rudwan E. Rudman	10.10	ending Med. Sta ys. Med. Director Phy	·s. —	23B. DATE SIGNED
246	. 8URIAL CREMATION, 248. DATE		OEGREE			ity, town, or county) (State)
ZAM	REMOVAL (Specily)		E of CEMETERY or CI			
25A	Burial 8-9-6.  Date REC'D 8Y HEALTH DEPT.  110 7 1969 Jobest	DER NAMAE OF	raine Park C	25C. FUNERAL DIRECTOR		Altimore, Maryland ADDRESS Vilkens Ave. 21229
	UG 7 1969 Vabers	, ,,,	, ,,	mpward no nupbe	210 4107 11	ALLICOID IIVOI IIII

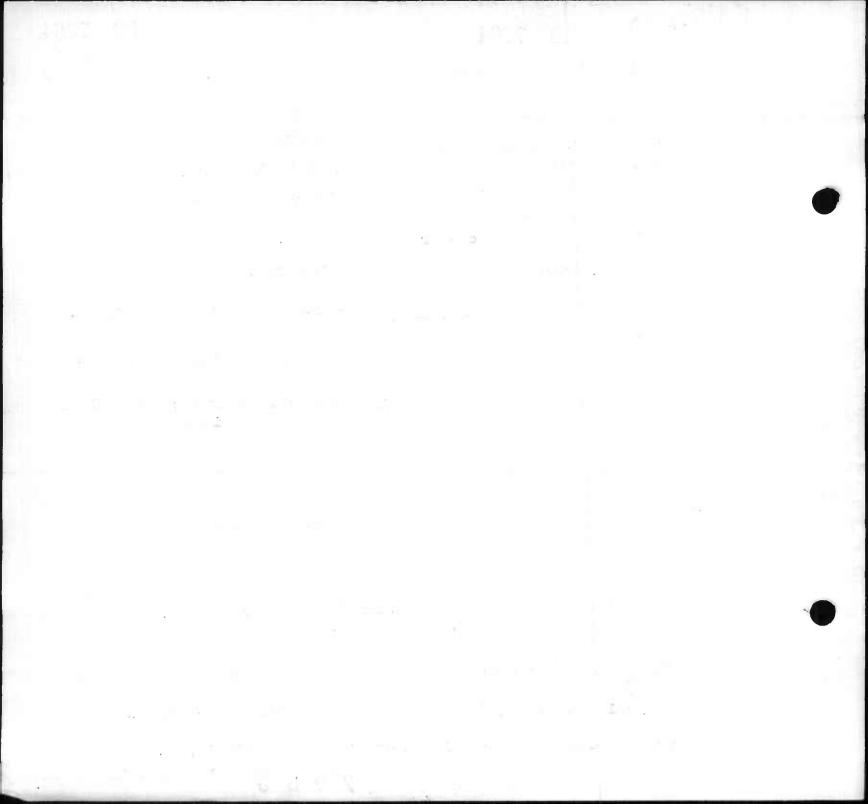


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	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/	2-65	×			Y HEALTH DEPART			00	1010.0		
1	RTH NO.	69	796	4 CERTIFICA	TE OF DE	ATH	REG. NO	69	7964		
	NAME OF DEC	EASED				DATE AND HO	IIP OF DEATH				
(1)	rpe or Print)	Frederick L	eonard	Graham	2.		ug. 2, 3		5 P		
3,	PLACE IN BALT	TIMORE MARYLAND, W			4. USUAL RESIDE	NCE (Where dece	eased lived. If in	nstitution; reside	ence before admission)		
FLHIN	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Florid C. CITY OR TOWN		D. INS	IDE CITY LIMIT	-08		
		lio Weelth C.		** ** **	Prince	ton		YES 🗍	по П		
2	× 3100	lic Health Se Wyman Parkwaj	rvice	Hospital	E. STREET AND N 25265		Ave				
5.	SEX	6. RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years	If Under 1	Yr. , II Under 24 Hrs.		
	M	W	WIDOWEL		11/16/9'		thdoyl 71	Months Do	ys Hours Min.		
10/	LUSUAL OCCU	PATION (Give kind of work		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (SI	ale or loreian cou	intry)	12. CITIZEN	OF WHAT COUNTRY		
do	Maste:	vorking life, even it retired)		Seafarer		la.	7.00.77	123 CHIZER	USA		
13.	FATHER'S NAM				14. MOTHER'S MA	IDEN NAME					
	Cha	rles W. Graha	um		Mary	y greene					
15. (Ye	Wos Deceased s, no or unknown!	Ever in U. S. Armed For- Ilf yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT			AD	DORESS		
	No			266-22-2378	Records-	US PHS	Hospita	alBalto,	Md .		
Г	18. 410	, 9 1		CAUSE OF DEA	H				PPROXIMATE INTERVAL		
		E OR CONDITION DIR LEADING TO DEATH	RECTLY		Accelo		a7 3mCa.				
	(This does no	of meon the mode of	dying, e.g.	(A) IMMEDIATE CA	USE Acute myocardial infarction Days ACONSEQUENCE OF:						
	heart failure, a	oslhenio, elc. Il meons plicolion which coused	the discose deoth.)	DUE TO, OR AS	A CONSEQUENCE OF	•					
	ANTECEDENT CAUSES Arteriosclerotic cardiovascular								Years		
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR A	A CONSEQUENCE C	F;	disease		1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
	rise to the UNDERLYING	obove couse IA) CONDITION lost	stoling the	(c)							
-		11									
ATION	TO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE ENDITION GIVEN IN PART	E TERMINAL	**********	************************	i i i i i e e m a e a m m m m a e e e e e e e e e			en gayang anang da		
ERTIFICATION	19A. DATE OF	OPERATION 19B. CONI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (	IN C	IF YES, WERE CATTERING CA	FINDINGS COL	NSIDERED TH?		
CAL CE	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 hor etc	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHEE	RE DID		e City, give exc	oct location[		
DIC		(Month) (Doy) (Yeor		E INJURY OCCURRED	015 110						
MEDI	OF INJURY (APPROXI	trionini (boy) (reon	w	hile At Not Whi	le [7]	DID INJURY O	CCUR?				
	22. I certify t	that (1) (this haspital)		the deceased from		19 69	toAug	2	19 69		
		lost sow the decease							ccurred on the dote		
	and hour and	from the couses state	ed obove.	(1) (We) (did) (d/d/g/g/)	rlew the bady after	deoth.					
	23A. SIGNATUR	RE O	n.n.					238. DATE SIG	GNED		
	Ho	y El He	Collina	LA DEGREE Phy	ending Med. s. Direct	or Shaff Phys.	3	8/	6/69		
	23C. PHYSICIAN NAME (Ty	p el P		Pedate	23D. ADDRESS			1			
0.1.			A Surg	DEGREE		Hospital	l, Balto	, Mdd.			
24A	REMOVAL (Sp	AATION, 248, DATE	24C. N	AME OF CEMETERY OF CR	EMATORY	24D. LOCATIO	ON (Cit	y, town, or cou	untyl (Stote)		
0.0	BURIAL	8-8-69		JDON PARK CEME	TERY	BALTI	MORE, MI	0.			
25A	LO IV 100		258. NAME	OF REGISTRAR	25C. FUNERAL D			A	DDRESS		

FUNERAL HOME 4107 WILKENS AVE. AUG 7 1969 VS 150-REV, 1/1/68



24C. NAME of CEMETERY or CREMATORY

Glen Haven Memorial Pk

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Glen Burnie, Md. A. A. Co.

237 Patapsce Ave.

ADDRESS

21225

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

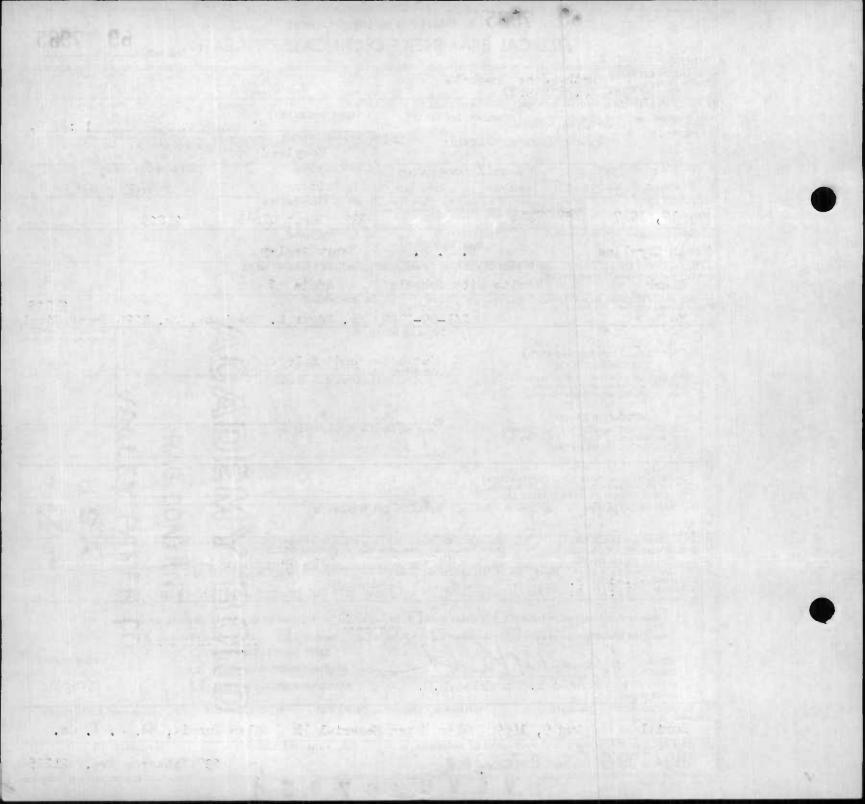
VS 151-REV, 3/1/68

248. DATE

Aug 9, 1969

Robert E. Jarben M.D.

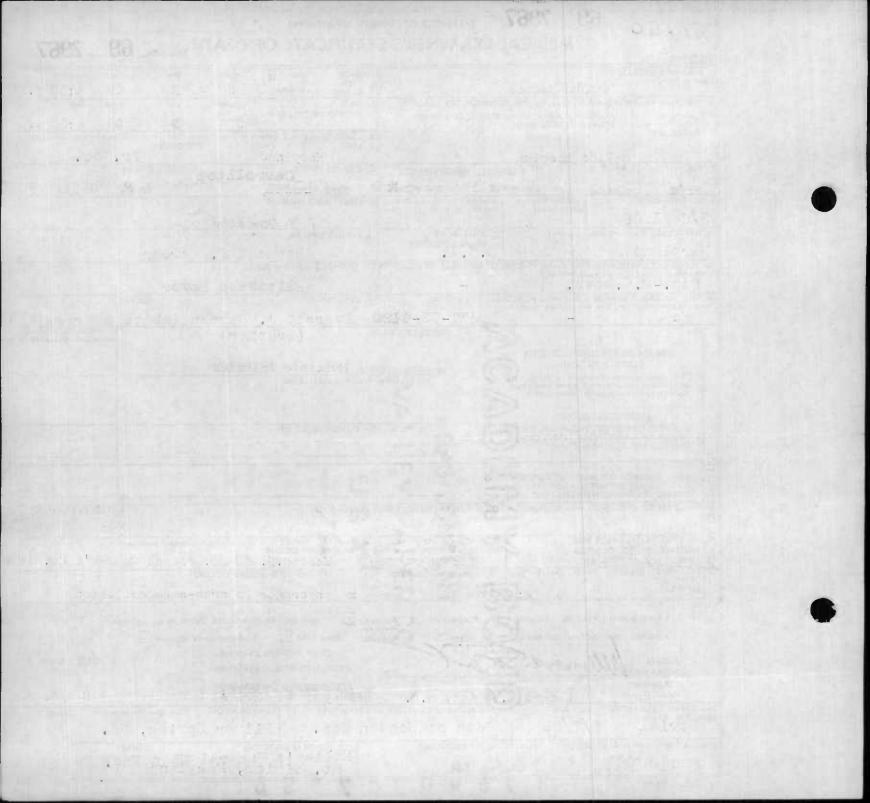
258. NAME OF REGISTRAR



1	D-100 69 79	300	Y HEALTH DEPARTMENT	Registered No.	69 7966				
1. N	IAME OF DECEASED	CERTIFICA	ATE OF DEATH A	HOUR OF DEATH	1 0				
	PLACE OF DEATH IN BALTIMORE, MARYLAND	WHI	HUG  14. USUAL RESIDENCE (Where of	Heccosed lived II institu	tion: residence before admission				
			A. STATE B. COUNTY	Baltimore	~ ~ ~ ~ ~				
- 1	FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) INSTITUTION	ution, give street	C. CITY OR TOWN (If outsid	e city limits, write RUR	AL ond give township)				
1		NURSING		ryland 21093					
N	MELROSE AVE B	ALTO HOME	D. STREET ADDRESS (If rurol, givo locotion)  1904 Router Road						
5. 9	WID	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years III	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.				
		dowed	Sept 6/ 1883	85	O CUETATA OF				
	USUAL OCCUPATION (Give kind of work 108, KII e during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?				
	Housekeeper		Flintstone, Ma	aryland	U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Jasper Robine			Mary Chane	y				
15. (Yo:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of set	16. SOCIAL SECURITY NO.	H. Robert Whip	1904 Re	uter Road m, Md 21093				
_	18.// 3 3 Q	CAUSE	OF DEATH	223101220	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		aubral the	un hosen	ONSET AND DEATH				
	LEADING TO DEATH	(A)	alliced acce		Mous				
	heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.)  ANTECEDENT CAUSES (8)								
	DUE TO								
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.								
	II .								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIE								
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)]	OR IE VES WEBE EIN	DINGS CONSIDERED				
ERTIFIC	WAS PERFORMED		Total Adjoint it is a second	N CERTIFYING CAUSE	S OF DEATH?				
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(If in Soltimore C	ty, give exact location)						
DIC	21D. TIME (Month) (Doy) (Year) (Hour	) 21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?					
MEDI	(APPROX)	While At Not Wh	ile 📉						
				65 to AUG	2 4 10/5				
	22. I certify that (I) (this hospital) atten	aded the deceased from			19 6 7				
	that (I) (we) lost sow the deceased alive			ir(my) (our) opinio	n death accurred on the dat				
	ond haur ord from the couses stated abo	ove. (I) (We) (did) (did not)	view the body ofter deoth.	Ina	B, DATE SIGNED				
	1	undaly M.D. Al	tending Med. Sto		1065 1969				
	23C. PHYSICIAN'S	endely M.D. Al	ys. Director Ph	ys. 🗆	4000 / /(6/				
	NAME (Type)	RMODY M.D	2201/0	1/10/5	77				
244	1 11010 0 1	24C, NAME of CEMETERY OF CI	50 120 01	ATION ICHV.	town, or county) (State)				
	REMOVAL (Specify)								
25A		Hillcrest Buria	Park Cumb	erland Alleg	any Maryland				
Δ	11G1 1 1969 Pole E. Fall	The state of the s		Funeral San	vice. Cumberland				
VS	150-REV. 1/1/65	2.2.3 0 0	0 7 9 5 5						

S. S. C. S. Lack of the Committee of the province to The first back that A Company of the state of the s

1115	6	9 7	967		BALTIMORE CITY HE	ALTH DEPA	RTMENT	X				4
M-65	0				AMINER'S			F DEA	TH REG. NO	69	796	7_
I. NAME OF DEC	EASED					2. DATE	Known 😡	Month	Doy	Yeor	Hour	
(Type or Print)		ohn Ma	rean			OF	Estimoted [		3	69	4:30	-
4. PLACE IN BAL				ONOI	INCED DEAD	3. DATE	Estimoted	Month	Doy	Yeor	Hour	Р•м.
FULL NAME OF							JNCED DEAD				7001	
HOSPITAL OR INSTITUTION	ADDRI	ESS OR LOCA	TION)		N, GIVE STREET			8	3	69	4:30	- A 1A12
						A. STATE	ESIDENCE (W	ere deceosed	B. COUNTY	on: residence	before odmiss	sion)
	Hopkin	s Hosp	ital				Maryland	1		Pr.G	00.66	000
6. SEX	7. RACE		B. MARRI	IED 🔲	NEVER MARRIED	C. CITY OR	TOWNCar	rollto	D. INSIDE	CITY LIMITS?		-
male	white		WIDOW	ED 🗌	DIVORCED E	Nev	Carlton.			YES X	No 🗆	
9. DATE OF BIRT	Н	10. AGE (In	yeors	If Und	er I Yr. II Under 24 Hrs.		ND NUMBER					
3/24/19	08	lost birthdo	Y) (1	Months	Doys Hours Min.		770/ D					
II. BIRTHPLACE		on country)	01	12. CIT	IZEN OF	13. FATHER	7704 PO	wnaton				
Monselan	7				LAT COUNTRY?			and D	750.000			
Marylan		e kind of world	IAR KIND		SINESS OR INDUSTRY	15 MOTHE	TE YM	OHG F.	Marea	n		
done during most of v	vorking lile, ev	en il retired)	· · · · · · · · · · · · · · · · · · ·	Or pt	OU 4E33 OK HADO21K)	MOINE						
RetU					-			abeth	Power			
ió. WAS DECEAS Yes, no or unknown	ED EVER IN	U.S. ARMED	of service)		7. SOCIAL SECURITY NO.	IB. INFOR	MANT		-	ADDRESS		
No		-		0	577-03-412	D Eve	rett J	. Mare	ean (ab	ove a	ddress	3)
19.	191				CAUSE OF DEA	гн	(Bro	ther)			PPROXIMATE IN	TERVAL
DISEAS	E OR COND	ITION DIREC	CTIV							06.1	WEEN ONSE! AF	ND DEATH
	LEADING TO		CILI		(A)IMMEDIATE C	Mil	tinle i	niuries				
(This does n	ol meon the	mode of dy	ing, e.g.,		DUE TO, OR A	S A CONSEC	UENCE OF:	i jui i co				
injury or con	, osthenio, etc nplication whi	ch coused dec	disease,									
			115				-4					
	VIECEDENT				(B)	16.1.601165						
RISE TO THE	OR CONDITI	USE (A) STAT	ING THE		DUE TO, OR	AS A CONSE	SUENCE OF:					
I UNDERIVE	NG CONDIT	ION LAST.			(c)							
일		11										
U TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	NOTIONS CO	THE TERMI	ING NAL								
20A. DATE OF				OPW	HICH OPERATION WA	S PEDEODA	ED			ISL AUTO	OPSY? (Yes o	r No
5 7			101110111	01.11	INCII OI ERAIIOIT III	- I EKTOKI				ZI. AUIC	JF317 (163 O	110)
Z2A. EXTER	141 041100	1411.7								yes		
UNDERLYING	NAL CAUSE		2	home, f	ACE OF INJURY (e.g., arm, foctory, street, office	to or obout 2 bldg., etc.) [	2C. WHERE DI	D (II in Baltim ?	nore City, give ex	oct location)		
@ UTING □ CA	USE OF DEA				street	I	Vest U.S	. 50 nr	. Prince	e Georg	ge's Co	. li
OF INJURY	(Month) (D	oy) (Year	) (Hour		INJURY OCCURRED		2F. HOW DID	INJURY OC	CUR?		150	
(APPROX.)	8 3	69	1 - 10	WHI WHI		WHILE I	assenge	r in a	ito-auto	collis	sion	100
23.			1,1	10111	Al II	ORK ELJ	ou b c ii g c	2 3.14 64	200 4420	COTIZ		
1 cert	Ify that I h	eld an Ir	nquiry [	] 1	nspection Au	ap sy	and that an	this basis	, death in my	apinion		
resul	ed from: N	latural caus	ses 🗍		ident X Sulcid		micide 🗌		nined manner			
							HIEF MEDICA					
ACTUAL	1/1/1/	lus s	4	7	e.						DATE SIGN	IED
SIGNATI		,,,,,	-(/	V	M.D	•	STANT MEDICA	4				
EXAMIN NAME (1		Llown	or T	10-	ite M N		CIATE MEDICA y Chief			or	8/4/6	9
24A. BURIAL CRE		Wern	IST OF		itz, M.D. NAME of CEMETERY			D. LOCATIO				
REMOVAL (Special Buria	(y)	/7/69	4 7 5		te of Heav			ilver		n, or county		1)
25A. DATE REC'D	BY HEALTH	DEPT.	258. NA	AME O	F REGISTRAR	25C. F	UNERAL DIREC	TOR		ADDRESS		
AUC 1 1	4000	0 .		-		Na.	ley's	Funera	ar yland	Inc.		
- AUPTT		Hobert &	Tack	الماد	M.U.	M	t.Raini	er, II	aryland			
VS 151-REV. 1/1/68	W O	-60	M	6	9 11	07	0	A				

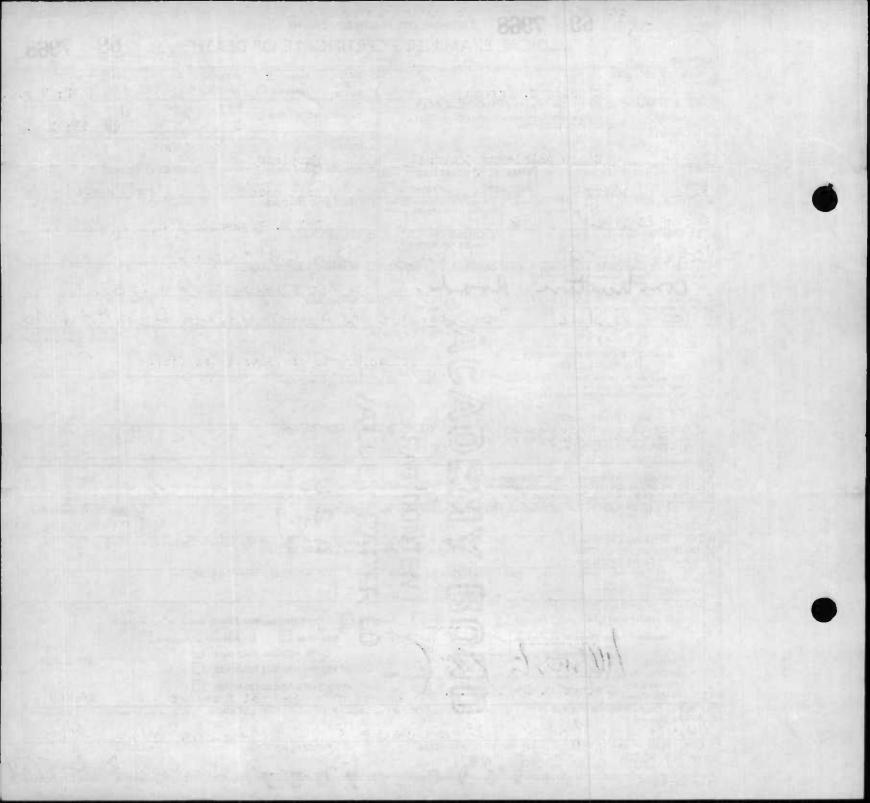


25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT.

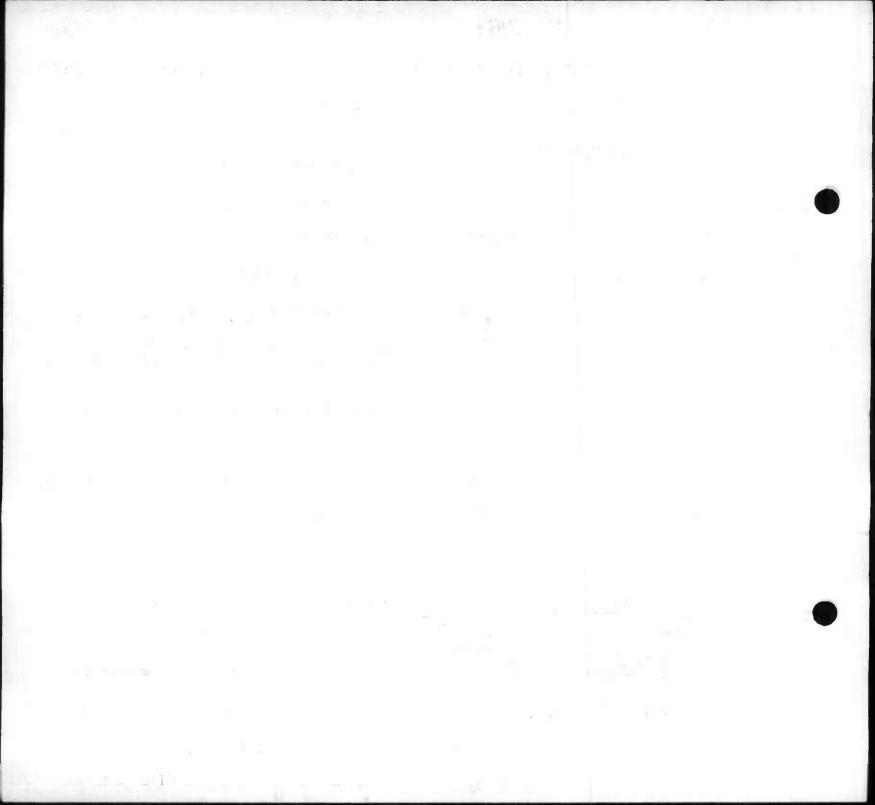
VS 151-REV, 7/1/68

258. NAME OF REGISTRAR



l	II
pproved by the chief medical examiner or his assistant if death occurred in a hospital and at the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the sobtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.	

BIR	B-420 69 79	אליטו	HEALTH DEPARTMENT TE OF DEATH	X REG. NO	69 7969
1. N	AME OF DECEASED  BULLOCK, WIL	LIAM JOSEPH		UST 5, 196	5:55P <sub>Ma</sub>
3. 1	PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il inst	itution; residence before admission)
FU HO	LL NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	1405044 0445	1/10.	E CITY LIMITS?
1	\hat{\chi}		BALTIMORE		YES NO
7	OST AGNES HOSPITAL		e. STREET AND NUMBER 2918 HAMMON	DS FERRY F	RD
	MALE WHITE WIDOW		09 18 XXX 99	XXX 69 l	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12 CITIZEN OF WHAT COUNTRY?
11		AINTER	MARYLAND		USA
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	0.3 7
	John Bullock		Carrie Mil	ler	
15, \ (Yes	Nas Deceased Ever in U.S. Armed Forces? ,no ar unknown) (It yes, give war ar dotes af servic	e) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	215 16 7667	ST AGNES HO	SP. RECORD	S-BALTO MD
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARDIA	I TC ARRYTHMI SECTHEDIATE PO	A & ARRE	ST SPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	1This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea injury ar camplication which caused death.)	THE TO OR AC	SE(THEDIATE PO	OST OPERAT	IVE) HR.
	ANTECEDENT CAUSES	( and and s	ARY ARTON	SECT FRAME	2
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating		ARY ARTERICA CONSEQUENCE OF:	22CLEKOSI	
	UNDERLYING CONDITION last.	(C)			
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 [A),	G ADENOCAL	RCINOMA 1	-UNG-	MONTHS
	19A-DATE OF OPERATION 119B CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in hame, form, loctory, street, aff atc.)		(If In Boltimore	City, give exect location)
3	OF INJURY (APPROX.)	While At Work  Wark  At Work		RY OCCUR?	
	22. I certify that (1) (this hospital) ottende			69 to AL	GUST 5 19 69
	that XI) (we) last saw the deceased olive o	n AUG. 5			on death accurred an the date
	and haur and from the causes stated above	(Me) (did) (did not) vi		•	
	23A. SIGNATURE		ding Med. S	itaff Hys.	B S 69
	23 C. PHYSICIAN'S NAME (Type)	GEGREE PRYS.	3D, ADDRESS	nys. 🗀	
	W.E. SIGNOR M.D.	DEGREE NAME of CEMETERY OF CREA		PITAL CATON CATION (City,	& WILKENS AVE
	Burial 8/8/69	Baltimore	Ba	altimore, M	ld.
25A.	DATE REC'D BY HEALTH DEPT. 258, NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AU	GI 1 1969 Robert E. Naker	KAO O -	Wm Cook-Br	rooks West	Inc Balt. Md. 2122



## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	Y HEALTH DEPARTMENT
9)-(-)	TE OF DEATH REG. NO. 69 7970
BIKIH NO.	
I. NAME OF DECEASED  (Type or Pant)  C. Marguerite Berry	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCERWhere defeosed lived, If institutions residence before admission)
	A. STATE Mary land UNITY Baltimore
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	TC. CITY OR TOWN ID INSIDE CITY HMIS?
University of Maryland Hosp	Baldwore YES NO P
1380	E. STREET AND NUMBER
Lombard + breeze 5 x5	10 Millstone Rd. Randallstown
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 1/6. If Under 24 Hrs.   Months; Doys   Hours   Min.
WIDOWED DIVORCED	0-5-16 Sund no
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most all warking life, even ill refired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife -	Mary land US
13. FÄTHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A Kelley	Clara Gries
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give wor at doles of service)  16. SOCIAL SEGURITY NO.	Mr. L. Wilson Berry 10 Millstone Rd.
217403-1407	1 11 Charles 15 dig Mp
18. 74 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	111.1- 11 11 1
(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAU  DUE TO, OR AS	A CONSEQUENCE OF
heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)	Mannary Carcinoma
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	7
	20000000000000000000000000000000000000
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY3 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., if hame, fam, factory, street, of	100
OR CONTRIBUTING CAUSE OF hame, fam, factory, street, of DEATH fnakity medical examines	fice bldg. INJURY OCCUR?
Q 21 D. TIME (Month) (Day) (Year (Hour 21E IN ILLEY OCCUPRED	21F. HOW DID INJURY OCCUR?
Work At Work  22. I certify that (I) (this-hospital) attended the deceased from	8/2 1967 19 8/6 1969
that (I) (we) lost sow the deceased alive on	17 minutes 17 minutes 17 minutes 19 minutes 19 minutes 19 minutes 17 minutes 17 minutes 19 minutes
and hour and fram the causes stated above. (1) (We) (did) (did to)	and the state of t
23A. SIGNATURE	23B, DATE SIGNED
Muchael a. Pleasure Phys	nding Med. Staff D
DEGREE	23D. ADDRESS
The state of the s	/
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, Iown, or county) (Stote)
Burial Aug. 9. 69 Wards Chapel Cem.	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Hollbrook Maryland Baltimore Co.  25C. FUNERAL DIRECTOR ADDRESS
AUG 1 1969 Valent E. Jarber, M.D.	Loring Byers 8728 Liberty Rd. Randallstown

VS 150-REV. 1/1/68

on a dimension

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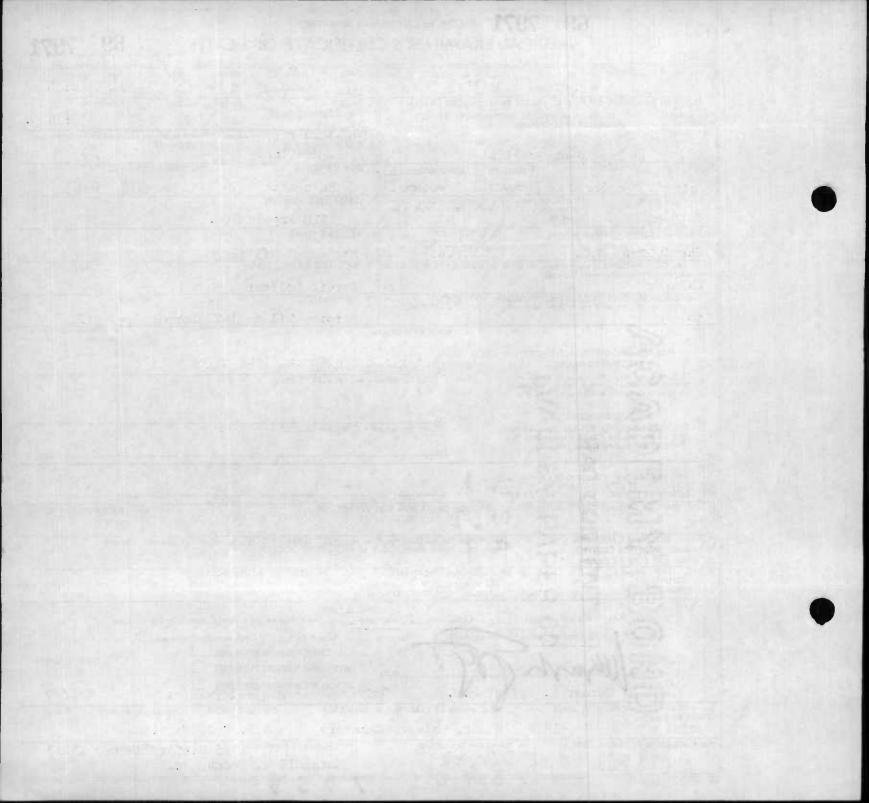
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any-op-hang ve. I. halson Seren 10 alli) - hand

A SENSON A LIFE CONTRACT OF THE LIFE OF THE SENSON AND ADDRESS OF THE SENSON ADDRESS OF THE SENSON AND ADDRESS OF THE SENSON A

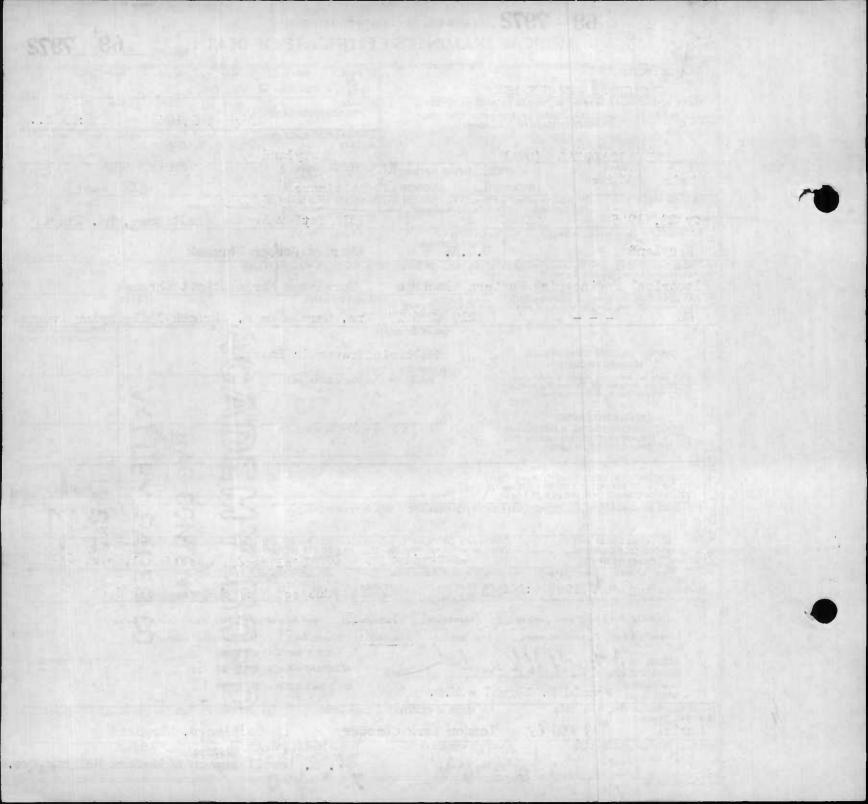
69 7971 BALTIMORE CITY HEALTH DEPARTMENT

W-42	0	MEDICA	AL E	EXAMINER'S			F DEAT	H REG. NO.	69	7971
BIRTH NC.										
1. NAME OF DEC	_	0000	T.7 4	11is	2. DATE	Known X	Manth	Doy	Year	Hnur 10 FO
L. Di LOS INI DAI		esse			DEATH	Estimated [	3 8	4	69	10:50 p
FULL NAME OF	TIMORE, MARYLA (IF NOT IN H ADDRESS OF			TION, GIVE STREET	3. DATE PRON	OUNCED DEAD	Manth 8	Day 4	Yeor 69	10:50 p.
OR INSTITUTION					5. USUAI	RESIDENCE (Wh	ere deceased l	ived. If Institution	n; residence	before admission)
31	Provide				A. STATE	Marylan	đ	B. COUNTY	1	703
6. SEX	7. RACE	B. MA	RRIED	NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE C	TY LIMITS?	
male	colored	WID	OWED	DIVORCED .		Baltimore		Y	Es 🖪	NO 🗆
9. DATE OF BIRT		GE (in years birthday) 69	If L Mai	Under 1 Yr. II Under 24 Hrs. nths Days Haurs Min.	E. STREE	AND NUMBER 1220 Argy	1 a Ava			
11. BIRTHPLACE	itale ar fareign cou		12.	CITIZEN OF	13. FATH	R'S NAME	TC WAC!			
Machines	D.C			WHAT COUNTRY?						
	on, D.C.	-Cu-ull (R MI	NID OF	U.S.A. BUSINESS OR INDUSTRY	Nat	haniel Wi	llis			
dane during mast of v	varking life, even if re	etired)	IND OF	BOSHAESS OK HADOZIKI	13. MOII	IER S MAIDEN N	AME			
Laborer					Ber	die Toliv	rer			
16. WAS DECEAS (Yes, na ar unknawn)	ED EVER IN U.S. A	RMED FOR	CES?	17. SOCIAL SECURITY NO.	18. INFO	RMANT		A	DDRESS	
no	, yes, give war ar	00103 01 3011	,	JECORITI NO.	Dor	othy Will	is 1627	Normal	ATTO	21213
19. //	2 ,/.			CAUSE OF DEA		our war	1027	HOLINGI		PPROXIMATE INTERVA
heart failure Injury ar can  AT DISEASES ( RISE TO THE UNDERLYIN OTHER SIGN OTHER SIGN TO THE DEJ	at mean the made, asthenia, etc. It me plication which countries to the polication which countries to the plication of the pl	is the diseased death.)  SES  IF ANY, GIVII A) STATING T LAST.  DINS CONTRIL  SED TO THE TE	NG HE BUTING	(B) DUE TO, OR A	S A CONS	tic cardi				
DISEASE OR	CONDITION GIVE	N IN PART I (	A).	***************************************						
DATE OF	OPERATION 208	CONDIIIO	NFOR	WHICH OPERATION WA	S PERFO	MED				OPSY? (Yes or No)
1 2 1									yes	
UNDERLYING UTING CA	OR CONTRIB- USE OF DEATH.		22B.	PLACE OF INJURY (e.g., e, larm, lactary, street, affice	in ar abaut bldg., etc.)	22C. WHERE DIE	(II in Baltima	re City, give exc	ct location)	
OF INJURY (APPROX.)	Manth) (Day)	(Year) (H	,		WHILE [	22F. HOW DID I	NJURY OCC	UR?		
23.			m.	WORK L AT W	JKK					
	Ify that I held a	-	_		орву			death in my	_	
result	ed from: Natura	1 causes L		Sulcid	• LJ	iomicide 🔲		ned manner		
ACTUAL	JRE 1118/11	M	1	M.D.	AS	CHIEF MEDICAL				DATE SIGNED
FXAMINI		U. Sp	iz,			CHITE MEDICAL MEDICAL	EXAMINER LEX	aminer		8/5/69
24A. BURIAL CREA	MATION, 248. D.	ATE	12	IC. NAME of CEMETERY			LOCATION		, ar county	) (Stote)
REMOVAL (Specific Burial	8-8	-1969		Mt. Calvary						
25A. DATE REC'D			NIC 100					, Maryla		
AUG1		Ber E.		OF REGISTRAR	25C	FUNERAL DIREC	. Jones	Harford <sup>N</sup> , Jr.	AVenu	e 21213
VC 161 DEV 3/2/40										

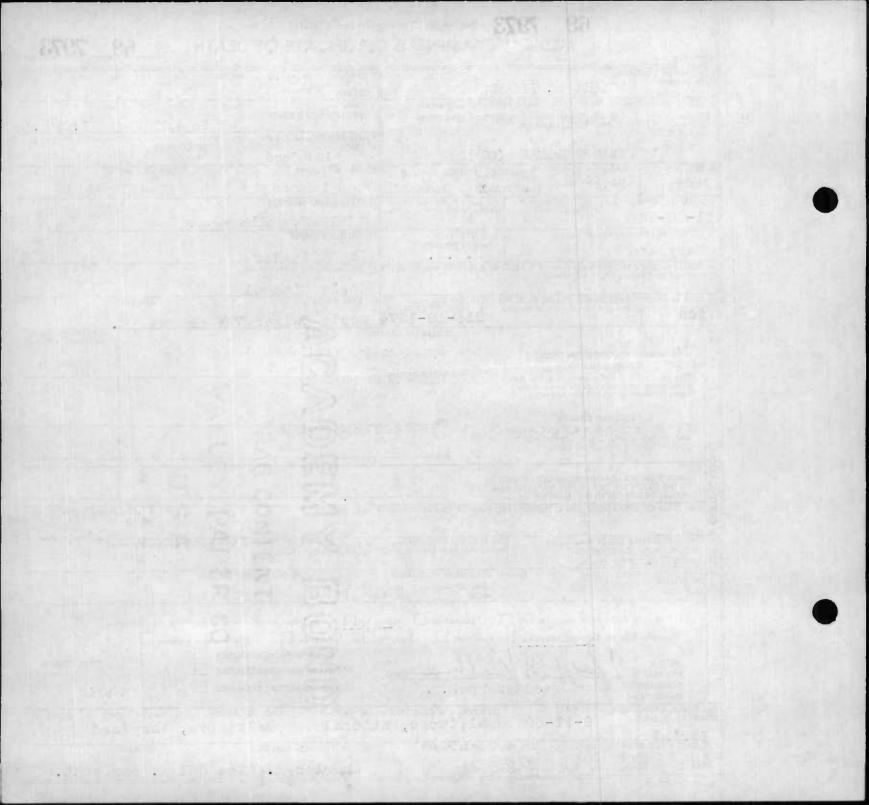


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5-65.	2 69		BALTIMORE CITY HE			× × ×		00	1010.00
BIRTH NC.	MEL	PICAL	EXAMINER'S	ERITIE	CATE OF	DEAT	H REG. NO	69	7972
I. NAME OF DEC	EASED			2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Type or Print) GEO	RGE JOSEPH S	HRAME		OF DEATH	Estimoted				M
	TIMORE, MARYLAND, Y	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION	TUTION, GIVE STREET	PRONOI	UNCED DEAD	August	5,1969		6:55 P
OR INSTITUTION		,			ESIDENCE (When		ved. If institution:	residence b	
UNTO	N MEMORIAL	(DOA)		A. STATE	Maryland		B. COUNTY		5300
6. SEX	7. RACE		D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Male	White	WIDOW	DIVORCED	Balti	more		YE	I XX	по 🗆
9. DATE OF BIRTH			If Under 1 Yr. If Under 24 Hrs. Nonths   Days   Haurs   Min.	E. STREET	ND NUMBER				
May 28, 1	1945	24	Months Days ( ridors   Mill.	1311	Taylor Av	renue	Baltimor	e. Md	21234
	tote or foreign country)		2. CITIZEN OF	13. FATHER				-	
Marylar	nd		WHAT COUNTRY?	Char:	les Josep	h Shran	nek		
14A.USUAL OCCUI	PATION (Give kind of work	148. KIND	OF BUSINESS OR INDUSTRY						
	rorking file, even if retired)	g West	tern Electric	Gera	aldine Ma	ria Sch	ott Shra	mek	
16. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	17. SOCIAL	18. INFORM		120 00.		DRESS	
NO NO	(Il yes, give wor ar dotes	ol service)	219 42 6417	Mrs. (	Peraldine	M. Shr	amek 131	1 Tav	lor Avenue
19.	69.1		CAUSE OF DEA					API	PROXIMATE INTERVAL
DISEASE	E OR CONDITION DIRE	CTLV	W142m1	· The case	atia Thi	uni on		BETW	EEN ONSET AND DEAT
	LEADING TO DEATH	Citi	(A)IMMEDIATE C		natic Inju	urres			
(This does no	of mean the mode of dy	lng, e.g.,	DUE TO, OR A	S A CONSEQ	UENCE OF:				
Injury or com	osthenia, etc. It meons the plication which caused de	oth.)						100	
AA I	NTECEDENT CAUSES		(n)					1	
DISEASES C	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	ABOVE CAUSE (A) STA	TING THE	(a)						
<u>o</u>			(c)						
OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBUTI	NG						
O THE DEA	ATH BUT NOT RELATED TO CONDITION GIVEN IN P.		IAL						
A			OR WHICH OPERATION WA	S PERFORM	IED			21. AUTO	PSY? (Yes or No)
0 2								V	es
	NAL CAUSE WAS	2	28. PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or about 2	2C. WHERE DID	(If in Boltimo	re City, give exac		(1/2)
	☑OR CONTRIB- USE OF DEATH.	h	ome, form, loctory, street, office Stadium	bldg., etc.) II	emorial s	tadium	section	1.1100	er deck
≥ 22D. TIME (		r) (Haur)	22E.INJURY OCCURRED	2	2F. HOW DID IN	IJURY OCCI	JR?	1, apr	
	ugust 5,1969	6:30P	WHILE AT NOT	WHILE S	Subject j	umpod f	From uppe	ar dec	ŀ
23.		п	I. WORK LI AIW	OKK E	subject j	umped 1	Tom uppe	i dec	IC .
1 certi	Ify that I held an I	nquiry [	Inspection Au	topsy X	and that an t	his basis,	death in my a	pinlon	
result	ed from Natural cau	ses 🗌	Accident Suicid		micide 🗌		ned manner	-	
	6 1 0	1,11	11		CHIEF MEDICAL	EXAMINER			
ACTUAL	IDE   held	4K	and "	ASSI	STANT MEDICAL	EXAMINER	$\mathbf{x}$		DATE SIGNED
SIGNATU EXAMINE	ER'S Denoted M	. Korn	blum, M.D.		CIATE MEDICAL	EXAMINER		8/	6/69
NAME (T-	AATION, 248. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town,	or county)	(Stote)
REMOVAL (Specific Burial	y) 9 AUG	60					1		(Oldie)
25A. DATE REC'D			Loudon Park Ce	- 1			re, Mary		
AUGII			Ber MD.	N. S. V.	WINERAL DIRECT	1 -	100/	DRESS Park I	Heights Av
VE 161 DEV TA		9	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	1/1	L. LOWE.	TT TIGHT	OH HOTT	LAIN	HOTPHOD W
VS 151-REV. 7/1/68	Mr. W. G. Ch.	0.3	t-e	( )					



12-326 69 7973 BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S C		73
BIRTH NC.	REG. NO.	70
I. NAME OF DECEASED	2. DATE Knawn Month Day Year Hour	
WILLIAM F. LITAKER	OF DEATH Estimoted	A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Augusc 8,1969 '1:0	
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before of A. STATE  B. COUNTY	imission)
LUTHERAN HOSPITAL (DOA)	Maryland /50	1
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Negro WIDOWED DIVORCED	Baltimore YES NO	
9. DATE OF BIRTH 10. AGE (In years   ff Under 1 Yr. II Under 24 Hrs.   lost birthday) 11-10-24   10. AGE (In years   Months; Doys & Hours; Min.   Months; Doys & Hours; Min.   Mi	E. STREET AND NUMBER	
	1917 Ridgehill Avenue	
II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Mary Land	Leon Litaker	
14A.USUAL OCCUPATION (Give kind at work 14B. KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME	
	Rosie Mitchel	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
216-16-1974	Rosie Walker 734 Ramsey St.	
19. / CAUSE OF DEAT	TH APPROXIMAT BETWEEN ONS	
DISEASE OR CONDITION DIRECTLY Hyperten	sive Cardiovascular Disease	
LEADING TO DEATH (A)IMMEDIATE C	AUSE	
(This does not meon the made of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:	
injury or completeness which coused beom.		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
II I UNDERLYING CONDITION TAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Y	es ar Na)
	yes	
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB.   22B. PLACE OF INJURY(e.g., i   home, farm, factory, street, affice	in ar obaut 22C. WHERE DID (II in Boltimare City, give exact location) bldg., etc.) INJURY OCCUR?	15-17
UTING LI CAUSE OF DEATH.		
OF INJURY	22F. HOW DID INJURY OCCUR?	
m. WORK AT WO	WHILE ORK	
23.	N	
	and that on this basis, death in my opinion	
resulted from: Natural causes X Accident Suicide		
ACTUAL A / 1 1 1 1	CHIEF MEDICAL EXAMINER L	GNED
SIGNATURE MICHEL M.D.	ACCICYANT MEDICAL EVAMINED 133	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 8/8/69	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of		Ctata\
REMOVAL (Specify)   8-11-69   Baltimore, Na	tibnal Baltimore, Maryland	State)
Burial 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR		
	25C. FUNERAL DIRECTOR ADDRESS	
# P1117 1 17117 170 10 10 1 10 17 10 17		
VS 151-REV. 1/1/68	Charles A. Rice 661 W. Barre St	



a hospital

contributing cause canse;

direct

assistant

or his

approved by the chief medical examiner

0

he body was released to the hospital

accident

shows: (1) An

This certificate must be

IMPORTANI

FUNERAL DIRECTOR:

(4) Undetermined in regular

kind;

(3) A fracture of any

examiner.

Was the

occurred in

death.

0

prior

deceased

0 death

attendance

regular

pronounced

who

the physician

disposition is mad

final

0

embalmed

must be obtained before the remains are

CERTIFICATION

MEDICAL

death); and (6) No physician was in

where

(except

hospital

0

at

D.O.A.

80

3

deceased prior to

written approval

of any nature; (2) Body burns;

attendance

V-1251	TE OF DEATH REG. NO	69 7974
T. NAME OF DECEASE KURZMILLER, WILLIAM H.  (Type or Print)	2. DATE AND HOUR OF DEATH	30AA M.
3. PLACE IN BALTIMORE, MARYLAND, WHÉRE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BALTIMORE CITY HOSPITALS  4940 EASTERN AVENUE  BALTIMORE MARYLAND 21221	E. STREET AND NUMBER	2612  SIDE CITY LIMITS?  YES NO   P12224
5. SEX 6?RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  2-21-01  8. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country)  MARYTA ND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ANTONIA KEIRMER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates al service)  WWII  16. SOCIAL SECURITY NO. 218-05-6017	BCH RECORDS-4940 EASTERN	AVE. BALTO., MD.
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the made of dying, e.g., heart failure, asthenia, etc., II meens the disease,	C.A. Tanger	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

injury ar camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION Iosi.

11

(B) Septicemie Shock
DUE TO, OR AS A CONSEQUENCE OF: s a consequence of: Multiple Decubitus Ulcers

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 6 21 A. ACCIDENT/WAS UNDERLYING

IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location)

OR CONTRIBUTING | CAUSE OF DEATH (natily medical examined) 21 D. TIME (Manth) (Day) (Year) (Haur)

21E, INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY (APPROX.)

that (1) (we) last saw the deceased alive an

While At Nat While At Wark Work

19 69 19 65 to and that in (my) (our) apinian death accurred an the date

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A, SIGNATURE

M.4	Holliday,	m	. ).	
C. PHYSICIAN				

22. I certify that (I) (this haspital) attended the deceased fram

Attending 5 23 D. ADDRESS

EASTERN AVE.

8-11-69 BALTO. MD.

238, DATE SIGNED

NAME (Type) M.J. HOLLIDAY, M.D.

24C. NAME of CEMETERY OF CREMATORY

Baltimore Nationa

24D. LOCATION (City, town, ar county) Baltimore, Maryland

8-8-1969 DATE REC'D BY HEALTH DEPT

24A. BURIAL CREMATION, 24B. DATE

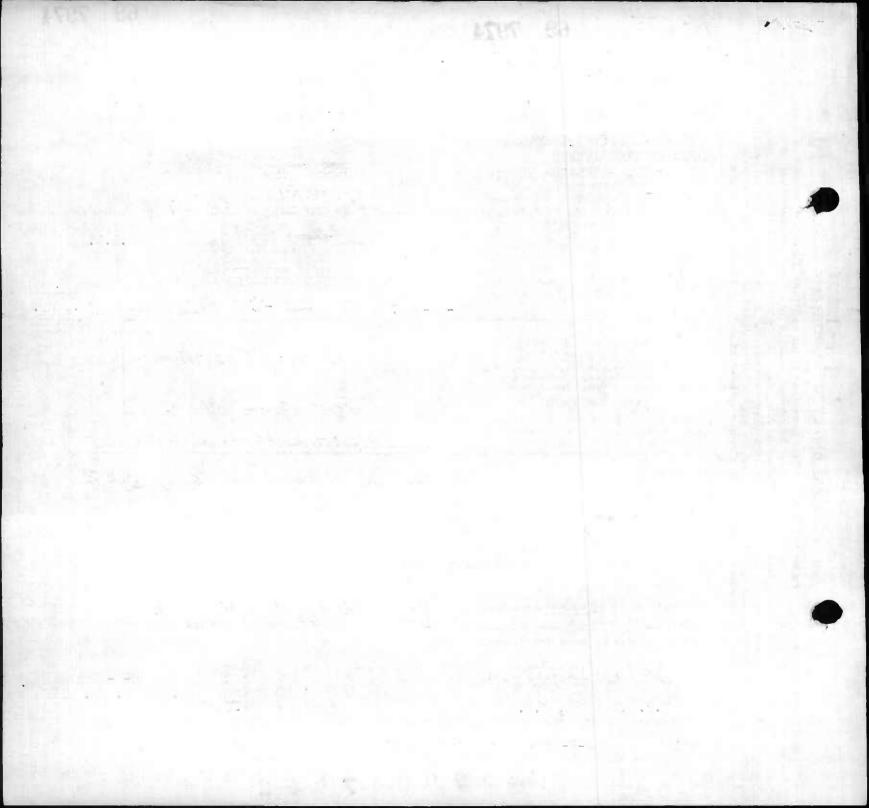
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

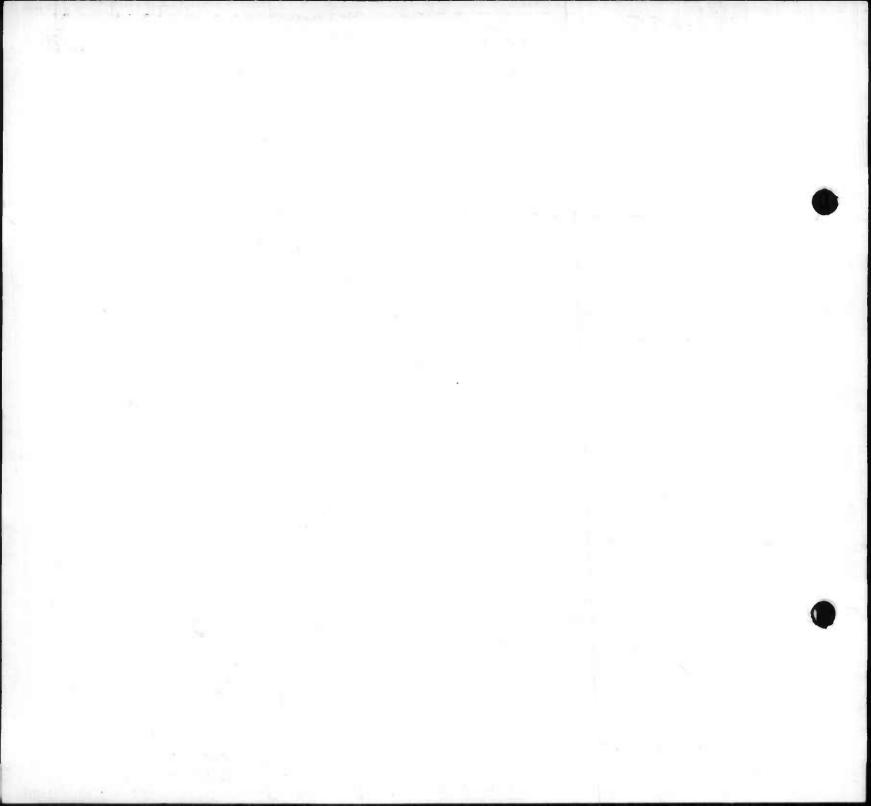
VS 150-REV, 1/1/68

DABROWSKI 1005 DUNDALK AVENUE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		B-655 co m	BALTIMORE CITY	HEALTH DEPARTMENT	1 .								
١	BIR	TH NO. 69 79	75 CERTIFICA	TE OF DEATH	REG. NO	69 7975							
	1. N	IAME OF DECEASED	P. aula		ND HOUR OF DEATH	00 1010							
			BURNHAM	7:15	Pm, Jang 6	9 1 M							
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	I A. SIAIL	re deceased lived. If Institute	itution: residence before admission)							
- 1	HC	LL NAME OF (IF NOT IN HOSPITAL OR II DSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND		2749							
_		SITUTION		BAHIMORE		E CITY LIMITS?							
3	1	INIVERSITY of MARY/	AND HOSPITAL	E. STREET AND NUMBER		YES NO L							
	_			1577 St	onewood Rom	AD							
	5. S	- MAR	RIED NEVER MARRIED		9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 His. Months! Doys Hours Min.							
	104	USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED	1//3/99	70								
	don	e during most of working life, even if retired)	D OF BUZINEZZ OR INDUZIKA	11. BIRTHPLACE (Stolo or fore	ign country)	12. CITIZEN OF WHAT COUNTRY							
	13.	HOUSEWIFE FATHER'S NAME		Baltimore, Mary		USA							
	,,,,,		herley	14. MOTHER'S MAIDEN NAM									
	15.1		- /	JANE H	ANCOCK								
		Was Deceased Ever in U. S. Armed Forces? one or unknown) (If yes, give wer or dates of serv		0:1:		ADDRESS							
	V	NKNOWN	215-22-6757 CAUSE OF DEATH	CHART									
		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATE	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
		nA TYPARS											
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,											
		injury or complication which coused death.)											
		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, gi	(B)	A CONSEQUENCE OF:	********************								
		rise to the above cause (A) stoling UNDERLYING CONDITION tost.	Ina	A CONSEQUENCE OF									
		TI III	(C)	*******************************									
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG										
		TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************									
	ERTIFIC	19A-DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?							
	3	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Boltimore (	City, give exact location)							
	SA	DEATH (notily medical examined)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	,								
		21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21& INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?								
		(APPROX)	While At Work Not While										
22. I certify that (I) (this hospital) attended the deceased from 5 - 16 19 67 to 8 - 19 67 to 19 67 t													
								Ī	23A. SIGNATULE	1. / MD	ding Med.		3B, DATE SIGNED
								-	23C. PHYSICIAN'S	DEGREE Phys.	Director L.	Stoff Phys.	8-7-69
		MAME (Type)	MD	3D. ADDRESS	11-5 11								
	24A	BURIAL CREMATION, 248, DATE:	C. NAME OF CEMETERY OF CRES	MATORY	VIA . / Ve	J							
		REMOVAL (Specify)  Buria 18/4/69		/ -		town, or county) (Slote)							
	-	DATE REC'D BY HEALTH DEPT/ 258. NAM	Parkwood Cemeters we of registrar	25C. FUNERAL DIRECTOR	timore, Md.	ADDRESS							
		AUG 1 1 1969 Robert S. Jan	Ber Mid a -	25C. FUNERAL DIRECTOR	itz 5209 Yor!	k Rd.							
11	/S 1	50-REV. 1/1/68		The state of the s	Paltim	ore, Md. 21214							

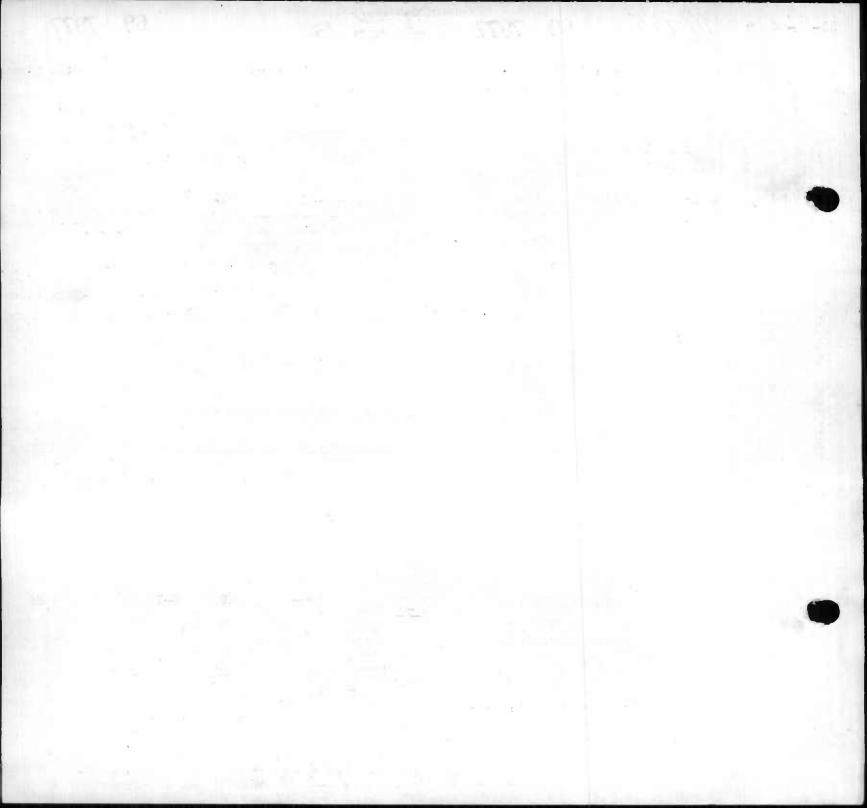


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-630 69 7070 BALTIMORE CIT	Y HEALTH DEPARTMENT
C-630 69 7976 CERTIFICA	ATE OF DEATH REG. NO. 69 7976
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) EDWARD G. COARD	8/1/19 730 0.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE & COUNTY Md. 21213 2.642
INSTITUTION	C.CITY OR TOWN  Baltimore  D. INSIDE CITY (IMITS?
Margare Wiener	Baltimore YES NO
MERCY MOSPITAL	3552 Lyndale Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
male white widowed DIVORCED	12/12/96 72
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Salesman Archway Ford	Virginia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Coard	Carrie Gunter
15. Was Deceased Ever in U. S. Armed Forces?  (Yos, no or unknown) Ut yos, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no 216-10-8492	Fannie Outen Coard, wife, above
18.1 3 1 9 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	DET WEEK CHOSET AND DEATH
LEADING TO DEATH	
IThis does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the discose, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUCEC	
DISEASES OR CONDITIONS, if any, giving  (8) (8) (9) OUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last, (c) Cold	TROINTESTIVAL BLEEDING
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yos or No) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A-AUTOP5Y? (Yos of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY 10.g.,   OR CONTRIBUTING   CAUSE OF   home, form, lociory, street, o	in or obout 21 C. WHERE DID (if in Boltimore City, give exect location)
DEATH (notify medical examined)	ince bidge into ki occor:
21D-TIME (Month) (Doy) 1Yoor) 1Hour 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
E   IAPPROX.)   While At   Not While At   Work   At Work	
22. I certify that (1) (this hospital) attended the deceased from	10 to 10
that (i) (we) last sow the deceased alive an la Curação	
and haur and fram the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNACURE	23B, DATE SIGNED
Hand Mook Decree Phy	anding Med. D Staff CO - ( 1969
DOC NAME OF THE PARTY OF THE PA	23D. ADDRESS
DECREE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR.	EMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 8/9/69 Parkwood Ceme	etery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
1969000	Schimunek Funeral Home, Inc. 7 0334 Brehms Lane
VS 150-REV- 1/1/68	The state of the s

MERCY HISPORDL bac .

	TY HEALTH DEPARTMENT
111-143 69 7977 CERTIFIC	ATE OF DEATH REG. NO. 69 7977
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) MIFFLIN, EUGENE B.	8-7-69   6:20 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND 2644
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BALTIMORE CITY HOSPITALS	BALTIMORE YES NO
4940 EASTERN AVENUE	E. STREET AND NUMBER 5004 DELAGRANGE AVENUE 21205
BALTIMORE MARYLAND 21224   S. SEX   6. RACE   7. MARRIED   NEVER MARRIED	
male white WIDOWED DIVORCED X	lost birthday) Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
done during most of working tife, even if retired   Guard Lord Balto, Press	BALTIMORE, MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Mifflin	Anna Barnes
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT 4940 EASTERN AVE. BALTO. MD. 21224
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BCH RECORDS Baltimore City HOS ITALS
18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE PARLLEMANICE
	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
rise to the above cause (A) slating the UNDERLYING CONDITION last.	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	208. AUTOPSY? (Yes of No.)  208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
O 21 D. TIAAF (Month) (Dov) (Year) (Hour) 21 F. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  While At Not W	
22. I certify that (I) (this haspital) attended the deceased from	8-3- 19 69 to 8-77 19 69
that (I) (we) last saw the deceased alive an	19 09 and that in(my) (Qur) apInlan death accurred an the date
and have and from the causes stated above. (1) ( (did) (did nat	) view the bady after death.
23A. SIGNATURE	trending Med. Shoff had
JUMA DEGREE D	hys. Director Phys. D
23C.PHYSICIAN'S, NAME (Type) OHN N. BRECHTL, M.D.	BALTIMORE CITY HOSPITALS
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or C	EE 4940 EASTERN AVE. BALTO MD 21224  CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 9/11/69 New Cathedra	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunel Funeral Home, Inc.
VS 150-REV. 1/1/6B	3331 Brehms Lane



	W-623 69 7978 BALTIMORE CITY HE MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 69	7978
	I. NAME OF DECEASED (Type or Print) ESEAR WRIGHT		Hour
3	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  To had the street to the street of the stre	3. DATE Month Doy Yeor PRONOUNCED DEAD  August 7, 1969  5. USUAL RESIDENCE (Where deceased lived. If institution: residence be A. STATE  B. COUNTY	Hour  11:40 A properties of the fore odmission)
	Johns Hopkins Hospital (DOA)  6. SEX  7. RACE  B. MARRIED NEVER MARRIED	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	7 d
	Male White WIDOWED DIVORCED DI		
	11. BIRTHPLACE (Stote or foreign country)  Virginia  12. CITIZEN OF  WHAT COUNTRY?	13. FATHER'S NAME Ernest Wright	
	14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Painter  Construction	15. MOTHER'S MAIDEN NAME	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) Yes  17. SOCIAL 48-34-7056	Okie Fisher 222 So. Norris St.	21223
	Injury or complication which caused death.)  ANTECEDENT CAUSES	Mr. 1 to 1 a for the state of	OXIMATE INTERVAL IN ONSET AND DEATI
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
			es
	UNING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	American Can CoBoston & Hud  22F. HOWDID INJURY OCCUR?	son Sts.
	I certify that I held on Inquiry Inspection Autoristic Accident X Suicide  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER August 7,	ate signed
	24A. BURIAL CREMATION, REMOVAL (Specify) 8/10/69 Temple Hill	Cemetery Castlewood, Virginia	(Stote)
	AUG 1 1 1969 Tober & John Marie of Registrar	25C. FUNERAL DIRECTOR Walters Funeral Home Pratt& 21223	Stricker Sts.
	11100		

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	Marie Wolston			

regular = OF Was death any pronounced of who

5-160 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH SEVERE , JAMES Lewis (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, II institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND - BALTIMORE COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? OWINGS MILLS YES NOI UNION MEMORIAI HOSPITAL E. STREET AND NUMBER TOLGATE ROAD 5. SEX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED V NEVER MARRIED Il Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il refired) Manu Freturing Co RETIRED MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SEVERE LEWIS UNKNOWN 15. Was Deceased Ever in U. S. Anned Farces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, na ar unknown) (If yas, give wor or dates of service) SECURITY NO. SEVERE EVELYN MRS. 217-01-5299 SAME AS ABOVE CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not meen the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heest foilure, asthenia, etc. It means the disease, injury or complication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stelling the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, effice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical exemined (Doy) (Year (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Nol While (APPROXI 22. I certify that (1) (this hospital) attended the deceased from JULY that (1) (we) last saw the deceased alive an AUGUST and that in(my) (our) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS MEMORIAI UNION 24A. BURIAL CREMATION, 248. DATE Aug. 9, 1969 London MANYIAND 25C. FUNERAL DIRECTOR

al and death Such (4) Undetermined cause; (5) Deceased on the hospital of attendance cause O occurred in prior contributing eceased isposition D the LO final attendance 10 embalmed regular are physician the remains (2) Body burns; physician was the to the hospital by (except where °Z any nature; obtained 9 approved and An accident of a hospital death) the body was released must 2 written approval prior at D.O.A. shows: (1) eceased Was

VS 150-REV. 1/1/68

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e approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any natures (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	l
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	H- 325 69 IRTH NO. 69-/38 50	1300	TE OF DEATH	REG. NO69	7980
	vne or Ponti	NS, BABY GIRL	2. DATE AND HOUR		1 7:45 A
3	PLACE IN BALTIMORE, MARYLAND, WE	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY A	ad lived If in the time	
III E	WILKENS & CATON A	VE.	BALTO. MARYLAND C. CITY OR TOWN CARVEL BEACH E. STREET AND NUMBER	D. INSIDE CITY YES	
5	SEX   6-RACE   7		312 CARVEL BEAG		
	FEMALE WHITE	MARRIED NEVER MARRIED NIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (I last birth	la years If Und Manths	er 1 Yr. If Under 24 Hrs. Days Haus Min.
94	A. USUAL O CCUPATION (Give kind of werk) me during most of working life, even if retired) INFANT		11. BIRTHPLACE (State or fereign country  MARYLAND	y) 12. CIT	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		UJA
	ROBERT HUTCHINS		FAE DALE		
15	. Wes Deceased Ever in U. S. Armed Force es, no et unknown) (If yes, give war at dates NO	of service) 16. SOCIAL SECURITY NO.	ST.AGNES RECORD F	ROOM WILKE	ADDRESS ENS & CATON
NG	LEADING TO DEATH  (This does not mean the mode of a heart failure, asthenia, etc. It means it injury or camplication which caused a ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if an rise to the above cause (A) a UNDERLYING CONDITION tast.	(B)	SE M MALE OF: A CONSEQUENCE OF:	unly	
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A DATE OF OPERATION 119B CONDI	TERMINAL  1 (A).  ITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes at Na) 20B. IF	YES, WERE FINDINGS	CONSIDERED
ERT	WAS PERFO		1000		
ZAZ	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, of elc.)	ei ebout 21 C. WHERE DID	If in Baltimare City, giv	e exect lecetion)
MED	TAPPROXI	(Hous) 21E, INJURY OCCURRED  While At Not While Wask At Wark	21F. HOW DID INJURY OCC	UR?	
	22. J certify that (1) (this hospital) that (1) (we) last saw the deceased	alive on 8-8-6			th occurred an the date
	and have and from the causes stated	d above. (N (We) (dld) Xd)AXXXV	ew the body after death.		
	I decastry -		ding Med. Staff Director Phys.	23 B. DA	TE SIGNED
0	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS BALTIMO	RE, MD 21	2/8/0-1
24	M DE CASTRO, M.D.	DEGREE 24C. NAME of CEMETERY OF CRE	ST. AGNES HOSPIT	AL; CATON (City, town,	A
25	AUG 11 1969 Caller &	58 NAME OF REGISTRAR	25G/FUNERAL DIRECTOR	7,37 TH	ADDRESS 4.
VS	150-REV. 1/1/68			- / - / /	, , ,

VS 151-REV. 1/1/68

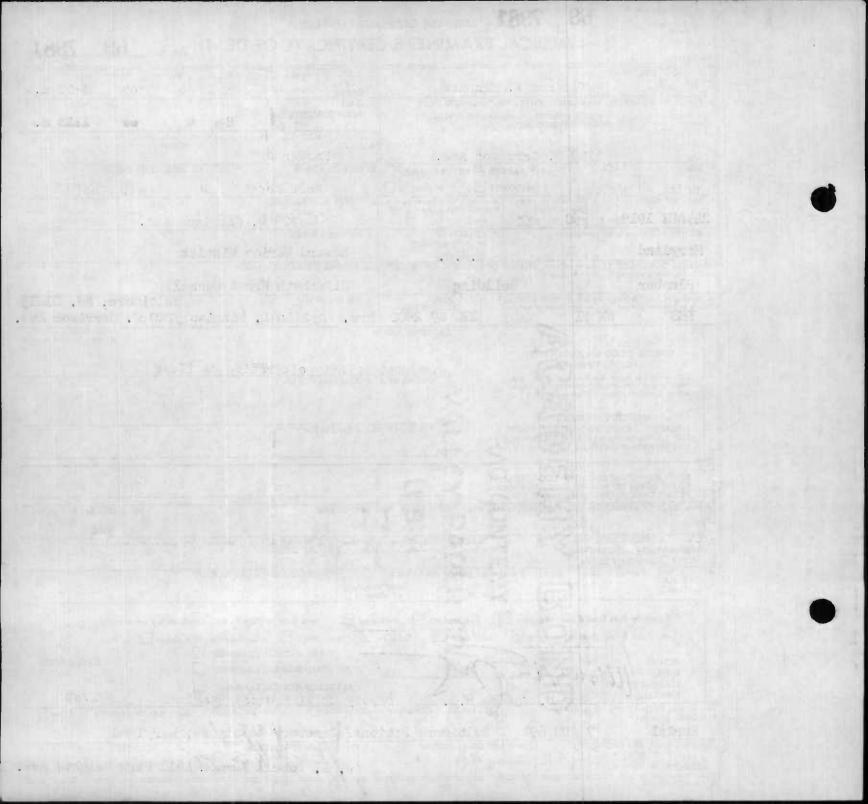
1	M-520		7981	BALTIMORE CITY HE		OF DEAT		00	10163738
BI	RTH NC.	MEL	ICAL	EXAMINER 3	CERTIFICATE C	OF DEAT	H REG. NO.	03	7981
1:	NAME OF DECEASED				2. DATE Known	Month	Doy	Yeor	Hour
(1y	pe or Print)	William	a E. N	Minniss	OF DEATH Estimoted	□ 8	4 6	59	1:25 a. M
i k	PLACE IN BALTIMORE, A	MARYLAND,	VHERE PRO	NOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
FU	LL NAME OF (IF N	RESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	PRONOUNCED DEAD	8	4 6	59	1:25 a. M
	NOITUTITZMI				S. USUAL RESIDENCE (W	here deceosed t		esidence be	
6	20	3720 W.	Garris	son Ave.	A. STATE Maryland		B. COUNTY	1	799
6.	SEX 7. RACE	7720 118		D A NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	1-1-
	male whit	-0	WIDOWE		Baltimo	re	YES	XI.	10 🗆
9.	DATE OF BIRTH	10. AGE (I	nyeors I	f Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		1 153	FEPT I	10 LJ
2	4 AUG 1918	lost birthdo	Y) X522 M	lonths Days Hours Min.	3720	U Carr	ison Ave.		
	BIRTHPLACE (Stole or for			CITIZEN OF	13. FATHER'S NAME	W. Gall.	ISON AVE.		
	Maryland			WHAT COUNTRY?	Edward Mar	ion Min	กำรร		
14A	USUAL OCCUPATION	tve kind of work	14B. KIND C	U.S.A.  OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN		1100		
don	e during most of working life, Plumber	even tfrettred)		lding	Elizabeth		Lagar		
16.		N U.S. ARMEI		17. SOCIAL	18. INFORMANT	Hermie Me		PE 950	Md. 21215
(Ye	WAS DECEASED EVER II s, no or unknown) (II yes, give YES	wor or dates	of service)	220 07 2800	Mrs. Phyllis	I. Minni			
-	19.	77		CAUSE OF DEA		TIO LITTER	.55 )/20 11		ROXIMATE INTERVAL
	3/1/6								EN ONSET AND DEATH
	DISEASE OR CON LEADING		CILY				C 1.		
	(This does not mean th	e mode of dy	ing, e.g.,	(A)IMMEDIATE (	AUSE Fatty alter	cation o	liver		
	heart lotlure, osthento, e injury or complication w	itc. It meons the	diseose,	00210,000	S A CONSEQUENCE OF.				
	ANTECEDEN		CIVING	(8)	AS A CONSEQUENCE OF:				
	DISEASES OR CONDI	AUSE (A) STA	TING THE	DOE 10, OK	AS A CONSEQUENCE OF:			4 5	
Z	UNDERLYING COND	IIION LAST.		(c)					
CERTIFICATION		11							
0	TO THE DEATH BUT NO	OT RELATED TO	THE TERMIN	NG AL					
분	DISEASE OR CONDITIO								
E E	DATE OF OPERATIO	JN 208. CO	ADIIION FO	OR WHICH OPERATION WA	AS PERFORMED		2	I. AUTOP	SY? (Yes or No)
	22A. EXTERNAL CALIS	E 14/4 C	Vac					ye	S
EDICAL	22A. EXTERNAL CAUS UNDERLYING ☐ OR CO		ho	B. PLACE OF INJURY (e.g., ome, form, loctory, street, olfice	tn or obout 22C. WHERE D bldg., etc.) INJURY OCCU	ID (tl tn Boltimo R?	re City, give exact I	ocation)	
	UTING CAUSE OF DE	EATH.							
Σ	OF INJURY (Month)	(Doy) (Yeo	·) (Hour)	22E.INJURY OCCURRED	22F. HOW DID	INJURY OCC	UR?		
	(APPROX.)		m	WHILE AT WORK AT W	WHILE ORK				
	23.								
	I certify that I		_				death in my op	inion	
	resulted from:	Naturol cau	ses X	Accident Sulcid			ned monner		
	ACTUAL		1	5	CHIEF MEDICA				DATE SIGNED
	SIGNATUR	har	101	M.D	ASSISTANT MEDICA	AL EXAMINER		11.7	
	EXAMINER S	Y Y	V	, //	ASSOCIATE MEDICA		□.	0.4	, ,,,,
24	NAME (Typ)	erner II	Spin	M.D. D.	eputy Chief Med	dical Ex			4/69
	MOVAL (Specify)			I MAINING OF CONTINUENT	o. Grandioni	J. LOCKION	(City, town, or	county)	(Stote)

Burial 7 AUG 69 Baltimore National Cemetery Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.

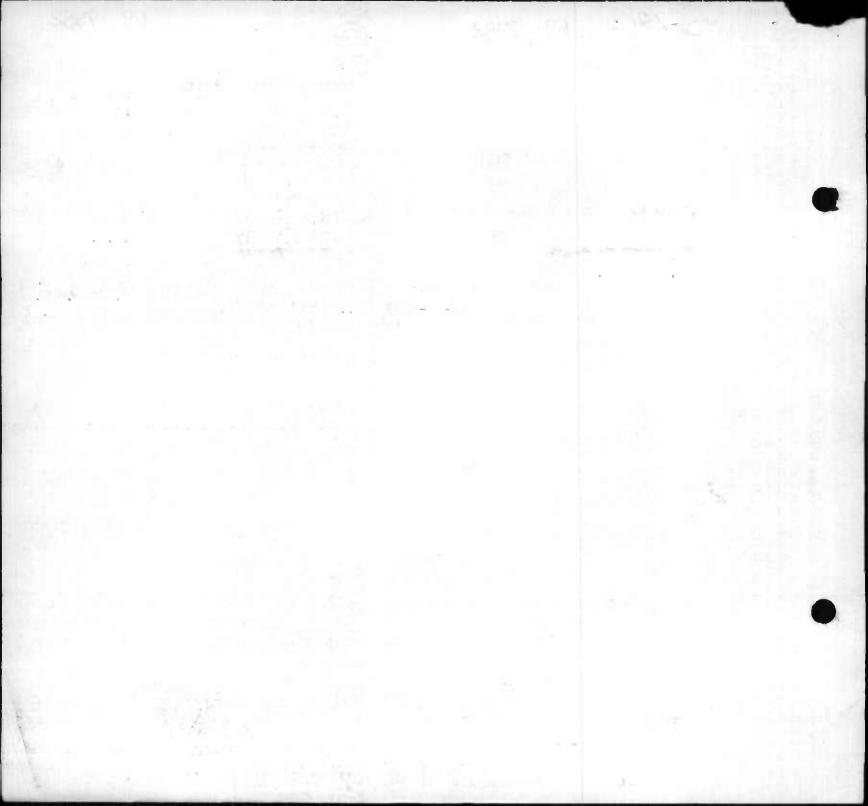
AUG 11 1969 Pober E. Valley A.D.

J. E. Lowell Lemmon 4611 Park Heights Ave.



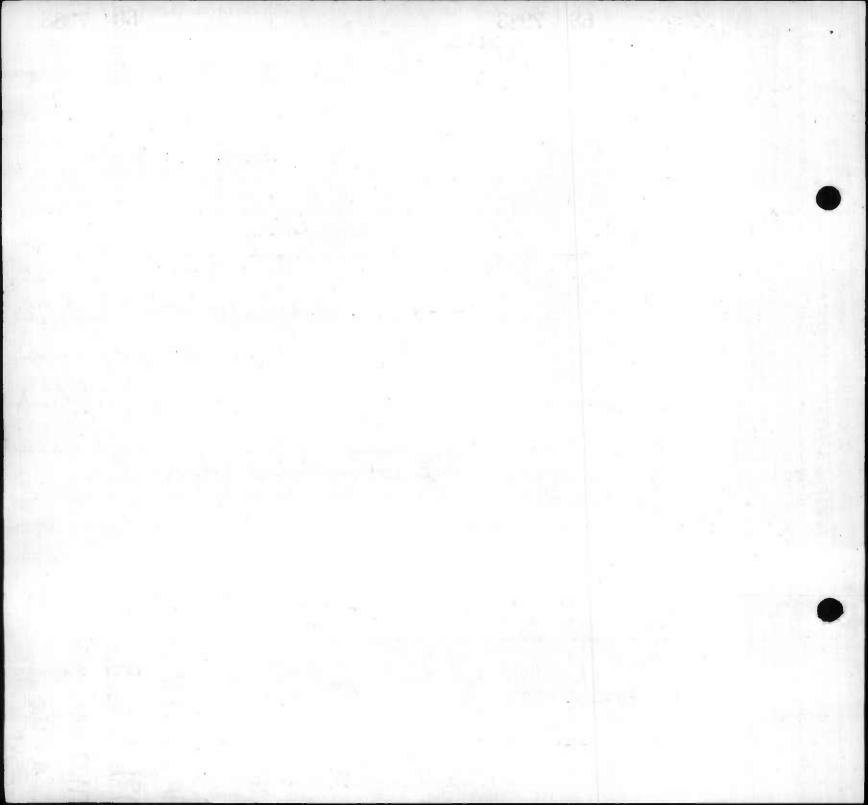
al and	ceased	on the	. Such		
hospit	(5) De	dance	deat		
ed in a	ting ca d cause	r atten	prior to		
accurr	ermine	regula	paspe	is mad	
death	Undet	ni sp/	se dece	osition	
stant if	ind; (4)	leath w	e on th	al disp	
his assi	fany k	nced d	endanc	d or fir	
ner or	acture of	pronou	ilar att	nbalme	
exam	3) A from	n who	in regu	s are er	
medica	burns; (	hysicia	SDM UI	remain	
e chief	by a m	e the p	shysicia	ore the	
d by th	ture; (2	t wher	6) No F	ned bef	
pprove	any na	(excep	) pup (	e abtair	
This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or cantributing cause at deatn shows: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior ta death); and (6) No physician was in regular attendance on the deceased prior ta death. Such	written approval must be abtained before the remains are embalmed or final disposition is made.	
icate m	An acci	Latal	prior ta	proval	
is certif	body ows: (1)	15 D.O.4	ceased	itten a	
Th	sh	*	de	3	-

0 100	BALTIMORE CITY	HEALTH DEPARTMENT	20 2002
5 - 140 69 7	7982 CERTIFICA	TE OF DEATH	EG. NO. 69 7982
BIRTH NO.	CERTIFICA		
T.NAME OF DECEASED	25011100	2. DATE AND HOUR	
(Type or Print) SAVAGE To		8-7-6	// A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE B, COUNTY	ed lived, if institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	BUNK TOURNOURLES MAR	VIAND 272X
HOSPITAL OR ADDRESS OR LOCATION	)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION		BALTIMORE	YES NO NO
7 2		E. STREET AND NUMBER	163 4 160
SINAI HOSPITAL OF	BALTIMORE	6701 PARKS H	EIGHTS AVE. # 15
1 / 10	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. AGE (1 lost birthd	oy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, 1	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			
	AT LAW	BALTIMORE. MARYLAND	u.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
DR. MOSES M. SAVAGE		CELIA FRIEDMAN	
	16. SOCIAL	17. INFORMANT	ADDRESS
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO. 217-38-5249	MRS. SYLVIA SAVAGE, A	RLINGTON PK. APTS.APT. 2A 701 PARK HEIGHTS AVE.#\$5
118. 7 9 1 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTS	V		BETWEEN ONSET AND DEATH
LEADING TO DEATH		HEDATIC CA	MA
(This does not mean the mode of dyin	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	
hearl foilure, asthenia, etc. It means the	diseose,	A CONSEGUENCE OF:	
injury or camplication which caused death	h.)		(3)
ANTECEDENT CAUSES	( FULN	A CONSEQUENCE OF	ITIS (?)
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) stati		ARY CIRRHOSI	
UNDERLYING CONDITION last.	(c)	78 7	3 ( )
ll ll			
O OTHER SIGNIFICANT CONDITIONS CONTRIB			
TO THE DEATH BUT NOT RELATED TO THE TER			
U 19A. DATE OF OPERATION 19B. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF	YES, WERE FINDINGS CONSIDERED
WAS PERFORM	ED	IN CER	TIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		(If in Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJURY OCC	CUR?
(APPROX)	While At Not While Work At Work	• 🗍	
			ta 8-7 1969,
22. I certify that (I) (this haspital) atta	ended the deceased fram	7-3/1969	
that (I) (we) last saw the deceased ali	ive an 8 - 7	19 69 and that in (my	) (aur) aptnion death accurred an the date
and haur and from the couses stated a	hove. (I) (We) (did) (did not)		
23A. SIGNATURE	50, 50 (1) (110) (d.d. 1101) (	Tow the bady after deaths	23B, DATE SIGNED
1 H M 1 1 - 10	/	ending Med. Staff	
10000000011)	DEGREE Phy		8-7-69
23C. PHYSICIAN'S		23 D. ADDRESS	
NAME (Type) CARLOS S	VALLEJOS, H.D.	SINAI HOSPITA	AL OF BALTIMORE
	DEGREE		
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
BURIAL 8-8-69	DRUID RIDGE	BALTIMOR	RE, MARYLAND
	NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
AUG 1 1 1000 O		SOL LEVINSON & BRO	
AUG 1 1 1969 (68e 8 8 3	Killer Mill	7 7 7 0	*
VS 1S0-REV. 1/1/68			



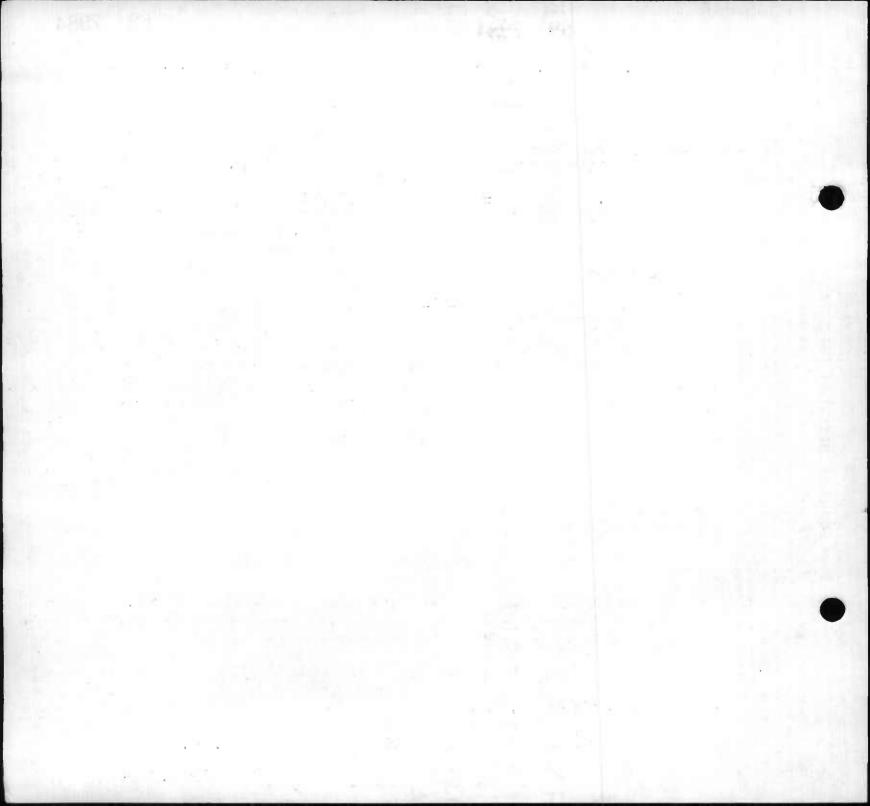
## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. RTIFICATE OF DEATH Such a hospital and cause of death (5) Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO death. 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD deceased lived. If institution: residence before admission) B. COUNTY attendance A. STATE XXXXXXX MARYLAND cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR D. INSIDE CITY LIMITS? canse; 40 NO YES = prior E. STREET AND NUMBER contributing 61201 occurred etermined made regular 5. SEX 9. AGE (In years DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) death disposition alesman 0 Und ADVERTISING Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN the direct 4 aac assistant death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance THOMAS KATZ. 6528 REISTERST 09-4452 any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 118. 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, lmed 90 LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQU embal heart foilure, osthenio, etc. Il means the disease, examiner gular aminer. injury or complication which coused death.) ANTECEDENT CAUSES Who re are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the (3) 5 physician UNDERLYING CONDITION lost. the remains medical Was edical ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). chief 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? Body the 8 WAS PERFORMED before the (2) Ü 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? hospital å DEATH (notify medical examiner) etc.) nature; 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? obtained 21 E. INJURY OCCURRED 9 approved (except While At Not While (APPROX.) and Work At Work to the any 22. I certify that (I) (this haspital) attended the deceased from 19 pe that (1) (we) lost sow the deceased alive on and that In(my) (aur) apinian death occurred on the date of death) hospital and haur and from the causes stated above. (1) (We) (did not) view the bady after death. must be must accident 238. DATE SIGNED 23A. SIGNATURE Attending [ Med. Staff 10 Phys. Director L Phys. approval 23C. PHYSICIAN'S NAME (Type) HECTOR 0 23D. ADDRESS certificate prior to An OEGREE D.O.A. deceased written ap 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY the body REMOVAL (Specify) shows: 8-8-69 BALTIMORE HEBREW BALTIMORE MOS NAME OF REGISTRAR ADDRESS 2SA. DATE REC'D BY HEALTH DERJ. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



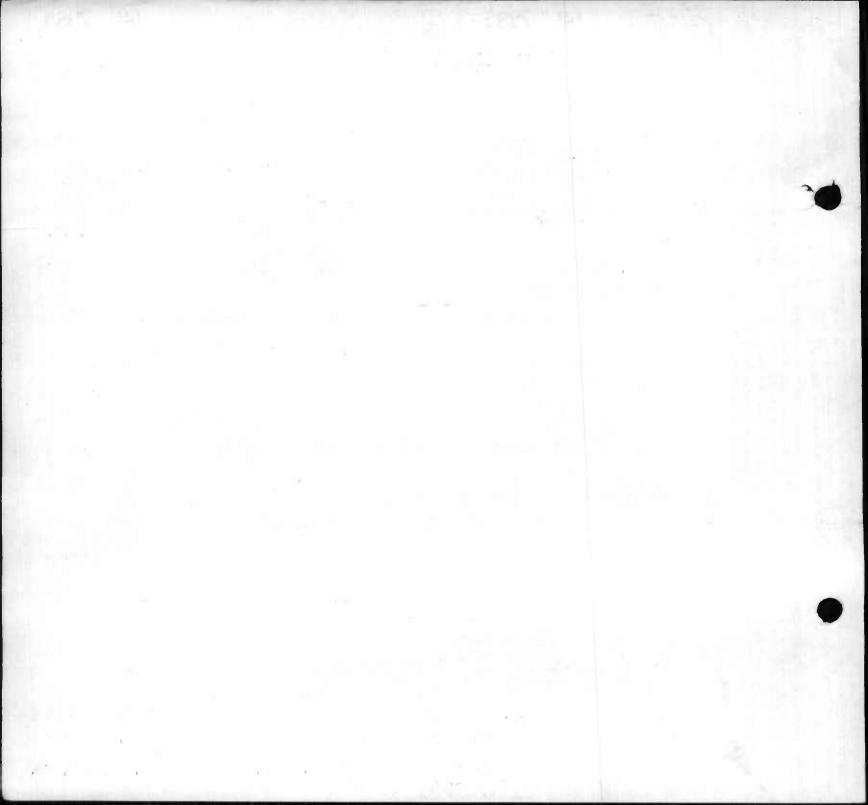
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C-160	, BALTIMORE CI	TY HEALTH DEPARTMENT	60 7004
BIRTH NO.	9 7984 CERTIFIC	ATE OF DEATH	REG. NO. 03 /384
I. NAME OF DECEASED		2. DATE AND HOL	UR OF DEATH
(Type or Print) Mrs. Louise	B. Cooper	8/7/69 1	:30 P.M.
3. PLACE IN BALTIMORE, MARYLAN	*		osed lived. If institution: residence before admissio
SHILL MANAGE OF THE MOT IN HE	ACRITAL OR INCTITUTION COVE STREET	Maryland	1711
ULL NAME OF (IF NOT IN HE LOSPITAL OR ADDRESS OR ASTITUTION	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
SITUTION		Baltimore	YES X NO
Keswick Home for	ncurables of	E. STREET AND NUMBER	
	ore City	411 Croydon Rd.	
SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years   If Under 1 Yr. If Under 24 Hr.
F W.	WIDOWED DIVORCED	1 4 1 4 1 4 1	thday) Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind o	work 108, KIND OF BUSINESS OR INDUST		niry) 12. CITIZEN OF WHAT COUNTE
ane during most af warking life, even if rei	red)	Bound, New Je	rsey USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	ODA
POTATREK S NAME			
Robert Bennet		Louise Seward C	
5. Was Deceased Ever in U. S. Arme Yes, no or unknown) (If yes, give wor o	d Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	216-14-8676	Beninsk m	educal Ruman
18.4 (1), 9	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OF CONDITION	DIRECTLY	0.1.	BETWEEN ONSET AND DEA
LEADING TO DE	ATH (A) IMMEDIATE C	acounty wifely	Logician None
(This does not mean the mad heart failure, asthenia, etc. It m	of dying, e.g., DUFTO OR A	S A CONSEQUENCE OF:	<del></del>
injury or complication which co		0 0 1	
ANTECEDENT CA	ISES DYR	roscleroke lordin	recolubración & 41.
DISEASES OR CONDITIONS,	if any, giving DUE TO, OR	AS A CONSEQUENCE OF	
rise to the obove couse		tracern's traces	1345
UNDERLYING CONDITION las	(c)	NW & IV	
Z OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
O THE DEATH BUT NOT RELATED	TO THE TERMINAL		
▼   DISEASE OR CONDITION GIVEN II	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. WAS	PERFORMED	IN C	CERTIFYING CAUSES OF DEATH?
	NG 21B. PLACE OF INJURY (e.g	, in al obout 21 C. WHERE DID	(If in Boltimare City, give exact location)
OR CONTRIBUTING CAUSE O	home, farm, foctory, street, etc.)	affice bldg., INJURY OCCUR?	
O 21 D. TIME (Month) (Doy) (	(eor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?
OF INJURY	While At Nat W		
(APPROX.)	Wark L At Wa	rk 🗀	
	pital) ottended the deceosed from	9 NW 196	10 1 10 19 by
that (I) (we) last saw the dec	eosed alive on 1 Hug	19 6 and that in	(aur) opinian deot occurred on the d
ond hour and fram the couses	stoted above. (1) (We) (did )(did not)		
23A SIGNATURE			23 B. DATE SJGNED
		tending Med. Staff	7 1000 1969
23C. PHYSICIAN'S	Le KONED DEGREE	23D. ADDRESS	- 1000 1001
23C. PHYSICIAN'S NAME (Type)			,
Aubrey D. Rich	DEGR		
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)		REMATORY 24D. LOCATIO	ON (City, Iown, or county) (Slote)
Burial 8 9	1969 Loudon Par	k Balt	0. Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
AUG 1 1 1969 046	Calley Ash	O 7 O Mey Cully	130 E. Fort Ave
/S 150-REV, 1/1/6B			



	1-552 53 1985 CERTIFICA	TE OF DEATH X REG. NO. 69 7985			
1112	NAME OF DECEASED Long Pearl Pennington	2. DATE AND HOUR OF DEATH			
	Type or Print Pewnington, Lena Penal	8/7/69.			
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis			
		A. STATE B. COUNTY			
110	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?			
1	NSTITUTION	Middle River			
6	Baltimore City Hospitals	E. STREET AND NUMBER			
+	4940 Eastern Avenue	21 0 11 71 11 22 23 23 23 23 23 23 23 23 23 23 23 23			
5	Raltimore Waryland 21221	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., 11 Under 24			
	MANUEL TITLE REPORTED	lost birthdoy) Months Doys Hours Mi			
1	Female White WIDOWED W DIVORCED OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	8-30-00 68  11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY			
d	lone during most of working tite, even if retired)	77 0 4			
3	Housewife	West Virginia U.S.A.			
1	3. FATHER'S NAME				
	Russell E. Thomas	Estella Luzzier			
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates all service) SECURITY NO.	17. INFORMANT ADDRESS			
	No 232-09-8132D	4940 Eastern Avenue			
1	18. 4 CAUSE OF DEAT	BCH: RECORDS Baltimore, Maryland 21221			
	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, if any, giving prise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)  (B)  (B)  (C)  (C)				
- 11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED			
	WAS PERFORMED	IN CERTIFIED CAUSES OF DEATH?			
	U 21 A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., of CONTRIBUTING   CAUSE OF   home, form, foctory, street, of CAUSE   CAU	YES n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?  (If in Baltimore City, give exect location)			
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	OF INJURY  (APPROX.)  While At Not Whi Work  At Work				
Ш		8-3 19 69 ta 8-7 19			
-11	22. I certify that (I) (this hospital) attended the deceased from	60			
	That (1) (we) 1031 30W life deceased drive oil				
	ond hour and from the causes stoted obave. (I) (We) (did) (did nat)				
	23A. SIGNATURE	238, DATE SIGNED			
	GEGREE Phy	s. Director Phys. Lal 0=1-07			
2	23C. PHYSICAN'S NAME (Type)	23D. ADDRESS Baltimore City Hospitals			
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION (City, town, or county) (Sto			
1 2	REMOVAL (Specify)	Dollate Manual val			
2	Burial 8/9/69 Gardens of Faith	Cemetery Baltimore, Maryland  25C. FUNERAL DIRECTOR ADDRESS			

VS 150-REV. 1/1/6B



death occurred in a hospital and it or contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the edecased prior to death. Such := assistant his by the chief medical examiner

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to the hospital

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certificate must be the body was released any nature;

of hospital death)

accident

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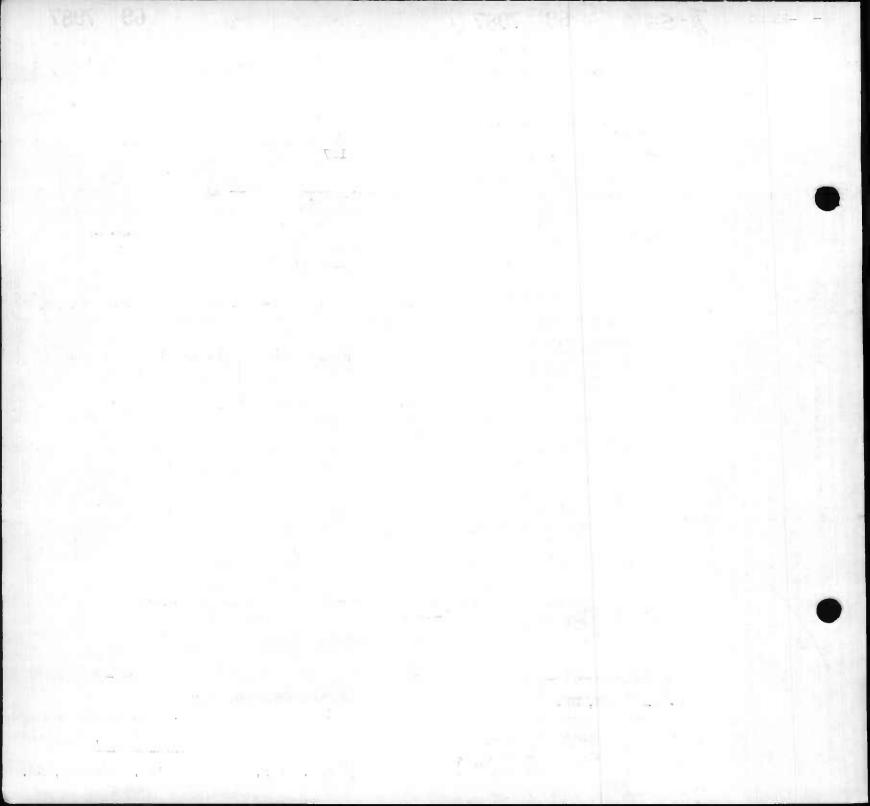
shows: (1)

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I NAME OF DECEASED Aloysius J Matthews 2. DATE AND HOUR OF DEATH 6 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wifere deceased lived. It institutions residence before admission) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) none C. CHY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? NOV General Hospital MOY YES STREET AND NUMBER made. UV 5. SEX 6. RACE MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours Min. Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even it retired) acui Independent Can Co. MSV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stella/Goodsky 0 15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) [Ill yes, give wor or dotes of service) 17. INFORMANT2607 6. SOCIAL final Grav Ter. Manor Dunder 1485 Md. SECURITY NO 181-07-7945 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY years LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the obove couse (A) sloting the UNDERLYING CONDITION lost (C). 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOBSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct locotton) CAL DEATH (notify medical examined etc.) MEDI 21 D. TIME (Month) (Doyl (Yeorl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I)(we) lost sow the deceased alive on ond that in (my) (our) apinian death accurred an the dote and hour and from the causes stoted abave. (1)(We)(did)(did not) view the bady after deoth. must 23A. SIGNATURE 23 B. DATE-SIGNED Attending [ Med. Stoff written approval Phys. vicha Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typel 24A. BURIAL CREMATION, 24B. DATE Burial (Specify) CEMETERY OF CREMATORY 24D. LOCATION (City, lown. or county! 8/11/69 Sacred Heart of Jesus Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. John J. Duda, 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68

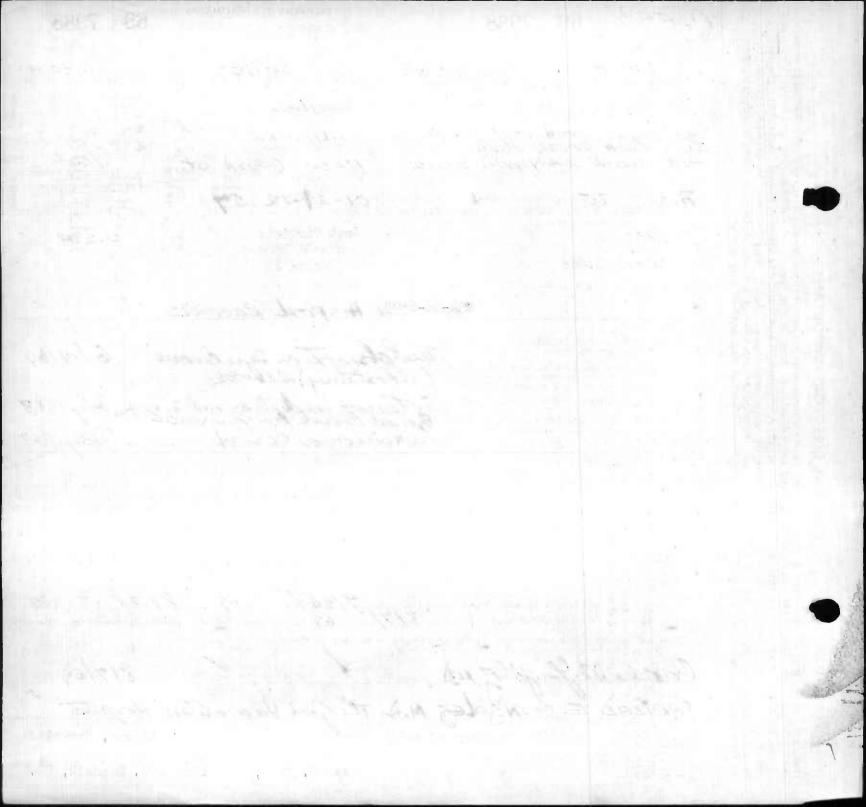
10.17/3

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

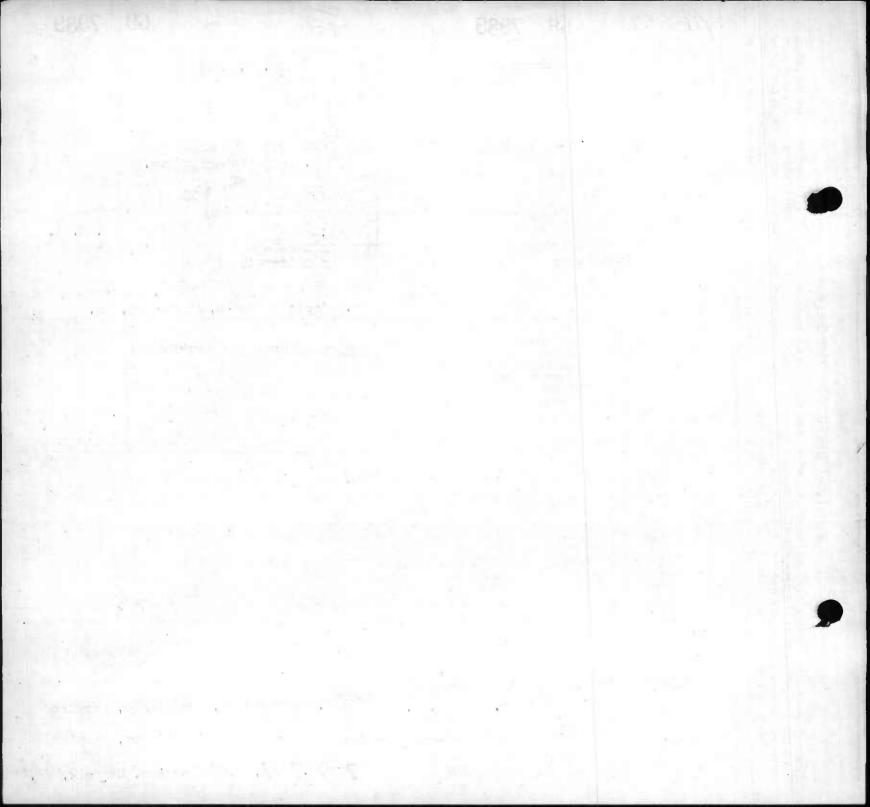
1	7-520 69 79	BALTIMORE CITY	HEALTH DEPARTMENT		69 7997		
11 "	CERTIFICATE OF DEATH						
1, 1	TH NO.  TAME OF DECEASED Marybelle  Pe or Phin!)  MANAGE OF DECEASED MARYBELLE			HOUR OF DEATH	1/20 0		
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRO	1-6-4-	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odmission)		
FU H C	LL NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR LITTING THE STATE OF T	STITUTION, GIVE STREET	A. STATE B. COUNT		26 46 DE CITY LIMITS?		
3		1224	BALTTMORE  E. SUPET AND NUMBER  FORTVIEW W	VAY 21224	YES NO NO		
5. 3	FEMALE WHITE WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIFTH 9	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
don	NUSUAL OCCUPATION (Give kind of work 108, KIND to during most of working life, even if relired) Housewife	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign PENNSYLVANIA	n country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FRANK NELSON		14. MOTHER'S MAIDEN NAM Mary Fricke	E			
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of service)	e) 16. SOCIAL SECURITY NO.	17. INFORMANT BCH RECORDS-49	940 EASTERN	AVE. BALTO. MD. 21224		
-	18, / / 9 / 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
ATION	(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disecting of complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) POSS  The CC	a consequence of:	die Ca of	Nuv		
ERTIFIC.	19A. DATE OF OPERATION 1198, CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) YES	208. IF YES, WERE F	INDINGS CONSIDERED		
CAL CE	21A. ACCIDENT WAS UNDERLYING	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)			
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  White At Not Whill Work At Work		IRY OCCUR?			
	22. I certify that (I) (this haspital) attended the deceased fram 8-5-69 19 to 8-7-69						
	and hour and fram the causes stated above			r in (my) (dor) dpii	nian death accurred an the date		
	23A. SIGNATURE		Tow the budy after deaths		23B, DATE SIGNED		
	1 aruesto	M.D. Atte	nding Med. Director	Staff A	8-7-69		
	23C. PHYSICIAM'S DAME TERRESKI, MD.		23D. ADDRESS BALTIMORE CITY	HOSPITALS			
24/	REMOVAL (Specify)	NAME of CEMETERY OF CRI ak Lawn Cometery	EMATORY 24D. LO		ore Maryland 21224 ly, lown, or county Maryland		
25/		NE OF REGISTRAR	John J. Duda	7922 Wise A	Ave. Dundalk, Md.		
VS	150-REV. 1/1/68		1				



1	-55	2 69	7988		Y HEALTH DEPARTMENT	REG. NO.	69 7988	
-	H NO.			CERTIFICA	ATE OF DEATH			
	AME OF DECI	10LA K.	CUN	MINES	18/	7/69	11.30	₽ M
FUL	L NAME OF	TIMORE, MARYLAND, V		TION, GIVE STREET	A. STATE B. CO	There deceased lived. If	institution: residence before odmi	ssion)
INTE	SPITAL OR INTUTION	ADDRESS OR LOC			C. CITY OR TOWN  BALTINUE  E. STREET AND NUMBER	15	YES NO NO	
5	BALTIN	NOVER THAN	244AND	21212		3rd st.		
, S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N	Hrs.
	/emale	ZUhite	WIDOWED		01-24-12	54		
	during most of v	JPATION (Give kind of wor working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTI			12. CITIZEN OF WHAT COU	NTRY
> 1	Housew.				West Virgini		U.S.A	
J.		ard Cloude			Velma ?	IAME		
	no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot		16. SOCIAL SECURITY NO. 234-46-6595	17. INFORMANT	Record	ADDRESS	
	OTHER SIGNIF	OR CONDITIONS, if a bove cause (A) CONDITION lost.  ILLICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PA	Sloting The	(c) Caro	icenia/Cl	gangrand ring	July 19.	67
RTIFIC		OPERATION 198. CON		VHICH OPERATION	No No	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?	
2	OR CONTRIBU	TING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g. e, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	(If in Boltim	nore City, give exoct location)	
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  Not W  At Wo		NJURY OCCUR?		
		that (I) (this haspitaliast saw the deceas		0/4	7/14/ 1969 and	19 69 ta	plnian death accurred an the	
	and hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATU	RE 202-9	tilet		Hending Med.	Staff Phys.	23B, DATE SIGNED 8/7/69	
	23C. PHYSICIA NAME (T)	M'S (Rel) (Pa) E. C	FONZI	LEZ NA	23D. ADDRESS	amarita.	Hornital	
	BURIAL CREATER SUTIAL	MATION, 248. DATE 8/11/6		lens of Faith			(City, town, or county) (St altimore, Maryalr	ote) nd
		69 HEAT HOER E.	25B HAMES	REĞISTRAR	John J. Duds		Ave. Dundalk, Mo	i.



	AME OF DEC		arrocco			e and hour of death	
3. P	LACE IN BAI	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE		institution: residence before od
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland		703
HOSPITAL OR ADDRESS OR LOCATION)					C.CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS?
2	3 J	ohns Hopkins	Hospital	1.	E. STREET AND NUMB	ER	YES X NO
					730 N. Pat	terson Park	Ave.
5. S		6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , 11 Under Months: Days Hours
	emale	White	WIDOWED		2/14/99	70	
done	during most of	working life, even il retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT CO
H	ousewif	е			Italy		U. S. A.
13.	John	Vinciquerra			14. MOTHER'S MAIDEN Eliza		
	, no or unknow	d Ever in U. S. Armed For		SECURITY NO.	The state of the s	sband) 730 farrocco, Balt	N. Patterson Patimore. Md.
	18. 4 /	O , Y I	DECTI V	CAUSE OF DEAT		_/	APPROXIMATE IN
	DISEA	SE OR CONDITION DI	RECTLY	A NUMBER ATE CA	CoroNai	ey Throma	Zilen
		nol meon the mode of asthenio, etc. It meons		(A) IMMEDIATE CAI DUE TO, OR AS			
	injury or cor	mplication which coused		Co	RONARU H	eart Vise	ase
		ANTECEDENT CAUSES		(B)	RONARY H	eart Dise	ase
	DISEASES		ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving	DUE TO, OR AS	RONARY HOSA CONSEQUENCE OF: Veralized		
NO	DISEASES rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last,  II FICANT CONDITIONS CO	ony, giving slaling lhe	(c)	veralized	arterios	cleresis
	DISEASES rise to It UNDERLYIN  OTHER SIGNI TO THE DEA DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if ie obove couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	ony, giving slaling lhe INTRIBUTING HE TERMINAL	(c)	s a consequence of: Veralized HRONIC	arterios Nephreit	clers is
CAT	DISEASES rise to It UNDERLYIN  OTHER SIGNI TO THE DEA DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last,        FICANT CONDITIONS CO TH BUT NOT RELATED TO T	ony, giving slaling the NTRIBUTING HE TERMINAL IT 1 (A).	(c)	veralized	arterios Nephreit	cleresis
ERTIFICATI	DISEASES rise to the UN DERLYIN  OTHER SIGNITO THE DEA DISEASE OR (19A. DATE O	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last,  II FICANT CONDITIONS CO TO HOT RELATED TO TO TONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	ony, giving slaling lhe  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED	VHICH OPERATION	HRONIC  20A. AUTOPSY? (Yes  NO in or obout 21C, WHERE D	Nephrit	clers is
AL CERTIFICATI	DISEASES rise to the UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR 0  19 A. DATE O	ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last,  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 178. CON WAS PER	ony, giving slaling lhe  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED	VHICH OPERATION  PLACE OF INJURY (e.g., e, lorm, factory, street, c	HRONIC  20A. AUTOPSY? (Yes  No	Nephrit	e FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATI	DISEASES tise IO III UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19.4. DATE O  21.4. ACCIDE OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	ony, giving slating the Interest of the Intere	VHICH OPERATION  PLACE OF INJURY (e.g., e, lorm, factory, street, c	HRUNIC  20A. AUTOPSY? (Yes  NO  in or obout 21C, WHERE D  office bldg., INJURY OCCU	Nephrit	e FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFICATI	DISEASES rise to the UNDERLYIN  OTHER SIGNITO THE DEAD DISEASE OR (0) 19.A. DATE OF CONTRIB  DEATH (notification)	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last.  FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER TOT WAS UNDERLYING UTING CAUSE OF Ty medical examiner)	ony, giving slaling lhe  NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED  218, hometc,)  (Hour) 21E.	VHICH OPERATION  PLACE OF INJURY (e.g., e, lorm, factory, street, c	HROWIC  20A. AUTOPSY? (Yes No in or obout 21C. WHERE D  21F. HOW DIE	Nephrit	e FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES tise IO III UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR ( 19 A. DATE O  OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last.  FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER TOT WAS UNDERLYING UTING CAUSE OF Ty medical examiner)	ony, giving slaling like  INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED    218, hometc.)  (Hour) 21E, Whi Wor	VHICH OPERATION  PLACE OF INJURY (e.g., e, lorm, factory, street, c	A CONSEQUENCE OF:  VE Ralidad  HRUNIC  20A. AUTOPSY? (Yes on the continuous of the c	Nephrit	e FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES tise to III UNDERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O  OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION POPERATION P	ony, giving slaling like  INTRIBUTING HE TERMINAL IT 1 (A). InDITION FOR V FORMED  218. hometc.)  (Hour) 21E. Whi Wor	VHICH OPERATION  PLACE OF INJURY (e.g., e, lorm, factory, street, c	A CONSEQUENCE OF:  VERALIZED  A PLUNIC  20A. AUTOPSY? (Yes No in or obout 21C. WHERE D  iffice bldg., INJURY OCCU  21F. HOW DIE	Ne 154 12 14  Or No) 20B. IF YES, WERI IN CERTIFYING C.  (If in Boltim O INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)
MEDICAL CERTIFICATI	DISEASES rise to the UNDERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify thot (I) (we	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Doy) (Year)  y that (1) (this hospital)	ony, giving slaling like  NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED  218. hometc.)  (Hour) 21E. Whi Wor	VHICH OPERATION  PLACE OF INJURY (e.g., e., lorm, factory, street, c.)  INJURY OCCURRED  le At	A CONSEQUENCE OF:  VERALIZED  A PLUNIC  20A. AUTOPSY? (Yes No in or obout 21C. WHERE D  iffice bldg., INJURY OCCU  21F. HOW DIE	Me plus '4  DE NO) 20B. IF YES, WERI IN CERTIFYING C  O INJURY OCCUR?  19 10 10 10 10 10 10 10 10 10 10 10 10 10	EFINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)
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MEDICAL CERTIFICATI	DISEASES tise to It UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (1) 19.A. DATE O  OR CONTRIB DEATH (notif 21D. TIME OF INJURY ((APPROX.)  22. I certify that (I) (we and hour on	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION PAR ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Doy) (Year)  that (1) (this hospital) I of the couses start  URE	ony, giving slaling like  NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED  218. hometc.)  (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., e, lorm, factory, street, c	A CONSEQUENCE OF:  VERALIZED  A POUN'C  20A. AUTOPSY? (Yes No in or obout 21C. WHERE D  iffice bidg., INJURY OCCU  21F. HOW DIE  12 9 9 00  view the body ofter de- ending 4 Med. pirector	Me plus '4  DE NO) 20B. IF YES, WERI IN CERTIFYING C  O INJURY OCCUR?  19 10 10 10 10 10 10 10 10 10 10 10 10 10	EFINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)
MEDICAL CERTIFICATI	DISEASES tise IO III UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour on	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last,  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 178. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year)  y that (1) (this hospital y	ony, giving slaling like  NTRIBUTING HE TERMINAL (T 1 (A). IDITION FOR V FORMED  (Hour) 21E, Whi Wor (I) ottended the dollve on	VHICH OPERATION  PLACE OF INJURY (e.g., e, lorm, factory, street, complete to the complete to	A CONSEQUENCE OF:  Ve Ralijed  Heuvic  20A. AUTOPSY? (Yes No in or obout 21C. WHERE D  iffice bldg., INJURY OCCU  21F. HOW DIE  12 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ALLEN' BS  Ne 15 LR 1' +  OT NO) 20B. IF YES, WERI IN CERTIFYING C  (If in Boltim R? (If in Boltim R? (If in Boltim R) (our) op  of the control of the contr	EFINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  19 pl nion death accurred on the state of the state
MEDICAL CERTIFICATI	DISEASES tise IO III UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19.4. DATE OF 21.A. ACCIDE OR CONTRIB DEATH (notif 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour or 23.A. SIGNATI 23.C. PHYSIGI NAME (1)	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last,  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Yeor)  (thot 11) (this hospitol ) lost saw the deceose and from the couses star  USB  ANTS Lype)  Louis Vog	ony, giving slaling lhe  NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED  21B. hometc.)  (Hour) 21E. Whi Wor libert of the doller on	VHICH OPERATION  PLACE OF INJURY (e.g., e., lorm, factory, street, c.)  INJURY OCCURRED  Le At Not White At Work  At Work  Not White At Work  Not White At Work  At Work  Not White At Work  At Work  Decree	A CONSEQUENCE OF:  VE Ralida  HRUNIC  20A. AUTOPSY? (Yes No in or obout 21C. WHERE D  iffice bidgy, injury occu  21F. How DID  2	Aren's S  Ne / Di / 2 i +  Or No) 208. IF YES, WERI IN CERTIFYING C  (If in Boltim Phys.   Ment St. Bal	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  19 pinion deoth accurred on the state of the state
MEDICAL CERTIFICATI	DISEASES tise to II UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O  OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour on 23A. SIGNATI 23C. PHYSICI, NAME (1) BURIAL CRI REMOVAL	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Yeor)  Thought the couses start URE LOUIS VOE  MATION, 24B. DATE	ony, giving slaling lhe  NIRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED  218. Whim hometc.)  (Hour) 21E. Whi Wor  1) ottended the dollve onted obove. (II)	DUE TO, OR AS  (C)	A CONSEQUENCE OF:  Ve Ralidad  HRUNI'C  20A. AUTOPSY? (Yes of No. 1)  in or obout 21C. WHERE D  ffice bldg., INJURY OCCU  21F. HOW DIE  22F. HOW DIE  21F. H	Me / DL 12 14  Or No) 208. IF YES, WERI IN CERTIFYING C  IN CERTIFYING C  O INJURY OCCUR?  19 to 10  od that in (my) (our) of oth.  Shoff Phys.   ment St. Bal  D. LOCATION (	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  19 pinion death accurred on the state of the state
MEDICAL CERTIFICATI	DISEASES rise to the UNDERLYIN  OTHER SIGNIT TO THE DEADISEASE OR (19.4. DATE OF 19.4.	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Yeor)  The third this hospitol of the couses start  ANTS  ANTS  LOUIS VOE  MATION, 1248. DATE	ony, giving slaling lhe  NIRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED  218. Whim hometc.)  (Hour) 21E. Whi Wor  1) ottended the dollve onted obove. (II)	VHICH OPERATION  PLACE OF INJURY (e.g., e., lorm, factory, street, c.  INJURY OCCURRED  IN At Work  At Work  At Work  IN George Phy  M. D. D. D. C.	A CONSEQUENCE OF:  Ve Ralidad  HRUNI'C  20A. AUTOPSY? (Yes of No. 1)  in or obout 21C. WHERE D  ffice bldg., INJURY OCCU  21F. HOW DIE  22F. HOW DIE  21F. H	Avery of Ave	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  19 pinion deoth accurred on the state of the state



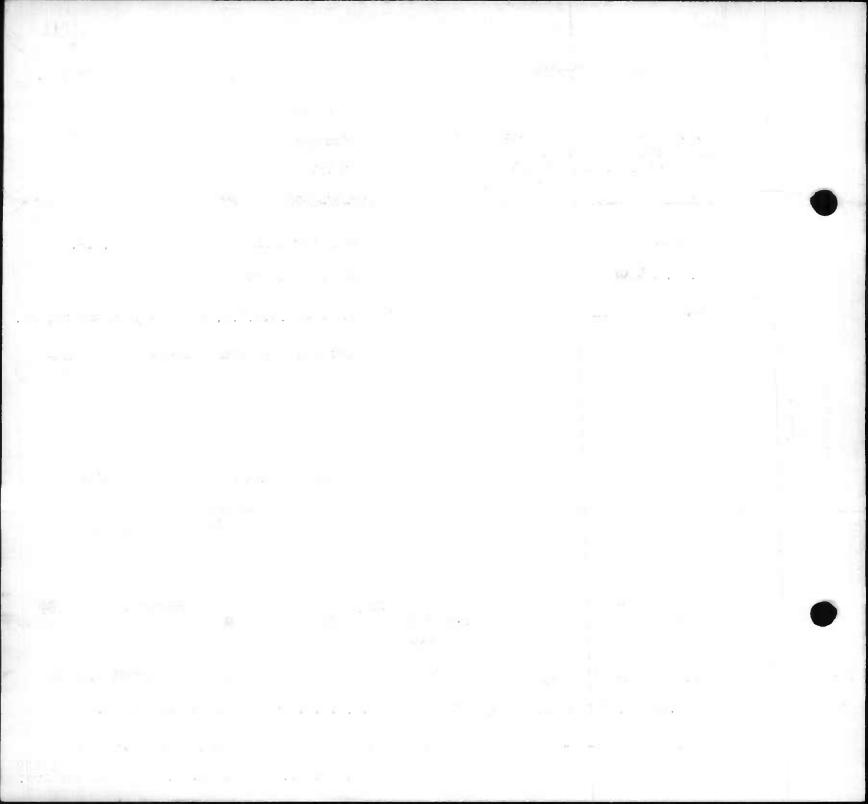
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

1 /2	- 00	12000	BALTIMORE CITY	HEALTH DEPARTMEN	Т	69 7990
6-455 BIRTH NO.	69	7990	CERTIFICA	TE OF DEAT	REG. NO	7000
1. NAME OF DECE.	Olden.	Joseph	ph F. SA	2. DAT	AND HOUR OF DEATH	6.30 A M
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	NCED DEAD		Where deceased lived. If i	nstitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Marylan	2	2572
			01	C. CITY OR TOWN	D. INS	YES NO NO
Luthe	ran Hoj	3) ( 001	8	E. STREET AND NUMBI		
16 M	erfland			2500, B	ancer st	reet.
s. sex	Cath	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 91	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	PATION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	loreign country)	12, CITIZEN OF WHAT COUNTRY
Retin				Baltimore,	Maryland	U.S.A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
	mes Gold			Annie	Kerns	
	ver in U. S. Armed For It yes, give wor or dote		1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21230
No			214-40-4957	Mrs. Anna E.	Rubenstein,	2507 Arbuton Ave.
18. 162	, / 1		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI	RECTLY		1	11	
	t mean the mode of	dvina, e.a.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	ne of v	ung
heart failure, a	sthenia, etc. II meons	the diseose,	DUE TO, OK AS			0
	NTECEDENT CAUSES		4. nH	4 100000	maila in	QA.
	CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	and in	
rise to the	obove cause (A)				7001	
UNDERLYING	CONDITION lost.		(C)	***************************************		
OTHER SIGNIFIC	II CANT CONDITIONS CO	NTRIBUTING				
TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	<b>*</b>			
	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., i ne, lorm, loctory, street, of	n or about 21 C. WHERE DI fice bldg., INJURY OCCU	D (II in Boltimo	re City, give exact location)
	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
S OF INJURY		Wh	ile At Not While	e 🗍		
22	has (1) (ship hasaisa		he deceased fram.	-17-	1060 . 0 -	9- 19.69
	ast saw the decease			19 6 9 an	d that in (my) (out) an	inian death accurred an the date
			l) (We) (did) (did nat) v			indir death accorred an the dark
23A. SIGNATUR		red abave. (I	A (we) (ara) (ara nar) v	lew the body offer det	2111.	23B. DATE SIGNED
Kar	tilal T	1-8h	OEGREE Phy		Staff Phys.	
23C. PHYSICIAN NAME (Ty		T. 5h	ah. OEGREE	Lutheren	~ the pila	of maryland
24A. BURIAL CREM		24C. N	AME of CEMETERY OF CRI	MATORY 24	D. LOCATION (C	ity, town, or county) (State)
Buria1	8-13-1	969 Mea	dowridge Cemen	ery 1	Washington Bly	rd. Howard Co. Md.
AUG11	1969 Rad	C 3. A	7000	1 1	73	7 Wilkens Ave.
VS 150-REV. 1/1/6	3	- Nation	7			

Frederick Ballemore Eucheron Hopilai of Emalgham 2500 Barres Street ALAZO CATA File 61 7-25 Brunner of herry with be constants in Rit--800F Kartled T. Phate Rentifed J. Think Emphasion the piles of prangland

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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¥	Also noun atte
FUNERAL DIRECTOR: IMPORTANT	iner. ractu pro ular
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AL	med bern bysi n w
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5	the call by (2) Bere to phy
	spite ure; wh S) No
	ovec e ho ccept ccept nd (c
	appi to th fan, il (e)
	spite spite leaf
JBW	a ho c
	was An c
	his certificate must be the body was released thows: (1) An accident of vas D.O.A. at a hospital eccased prior to death vritten approval must b
	This certificate must be of the body was released the shows: (1) An accident of was D.O.A. at a hospital deceased prior to death written approval must b

	G-626 69 79	IUT	HEALTH DEPARTMENT	REG. NO.	69 79 <b>91</b>	
	BIRTH NO.	CERTIFICA	TE OF DEATH	KEG, 140.	- 100	
	1. NAME OF DECEASED (Type or Print)			ND HOUR OF DEATH		
	Gregory, Myrtle 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	MAINIGE DE LE	Augus	t 8, 1969	12:55 A. M.	
	S. TEACE IN BALLIMORE MARIE AND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN	Ne doceased lived, II in: NTY	stitution; residence before admission!	
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	North Carolin	a	1/30	
	U.S. Public Health Service	Hospital	C. CITY OR TOWN	D. INSII	DE CITY LIMITS?	
1	3100 Wyman Park Drive	1100 br our	Wadesboro		YES NO K	
	Baltimore, Maryland 21211		Box 737			
		IED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	Female white widow	= =	Aug-24-1921	last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
	done during most of working life, even if retired) housewife	N/A	Courth Complete			
	13. FATHER'S NAME	N/A	South Carolina 14. MOTHER'S MAIDEN NA		U.S.A.	
	W. C. Mills		Ala May Hathe	ools		
	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of services)	16. SOCIAL	17. INFORMANT	OCK	ADDRESS	
		, , , , , , , , , , , , , , , , , , , ,	_			
	No	245 38 2807 CAUSE OF DEATH	Records - U.S.	P.H.S. Hospi	tal, Baltimore, Md.	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATE	•		BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CAU	. Acute myelog	enous leukem	nia Months	
	(This does not mean the mode of dying, of heart failure, asthenia, etc. It means the diser	2.0.	A CONSEQUENCE OF:		######################################	
	injury or camplication which caused death.)					
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if ony, givenise to the above cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:		<del></del>	
	UNDERLYING CONDITION last.	(C)	*****************************			
	_ II					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN VIDENASE OR CONDITION GIVEN IN PART 1 (A).	IG AL	Subdural hem	Hours		
	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	120A AUYOREY2/Von on No	J 208 IS Yes Was S		
	19A-DATE OF OPERATION 19R CONDITION FO	WINDII O'ERATION	20A- AUTOPSY? (Yes or No		ISES OF DEATH?	
	U 21 A. A CCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	yes	City, give exact location)	
	DEATH (natify medical examined)	home, form, factory, street, all etc.)	ice bidg., INJURY OCCUR?			
ļ	-	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX)	While At Work Not While At Work				
	22. I certify that (1) (this hospital) attende		Tuly 8	19 69 to Aug	ust 8 1969	
	that (1) (we) last saw the deceased alive o		10		lan deoth occurred on the date	
I	ond hour ond fram the causes stoted abave			or in (may) (out) opin	ion death occurred on the date	
	23A. SIGNATURE	A SEPENDER VI	on the body offer deaths		23B, DATE SIGNED	
II	Manald & Sent	May WID Atten	ding Med.	Stoff X	August 8, 1969	
١	23C.PHYSICIAN'S NAME (Type)	DE OREE	3D. ADDRESS	rnys. —		
	Donald E. Beaudoin, SA	Surg (R)	U.S.P.H.S. Hosp	oital. Baltin	more. Md.	
		NAME of CEMETERY of CREA			, town, or county) (State)	
		nson Memorial Pa		desboro, Nor		
	25A. DATE REC'D BY HEALTH DEPT.  25B. NAM	E OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS 21220	
	AUG 1 1 1969 Pale & Val	Sent MEDY ()	Howard H. Hu	bbard F. H.	4107 Wilkens Ave.	
3	10 100 0011 11110					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

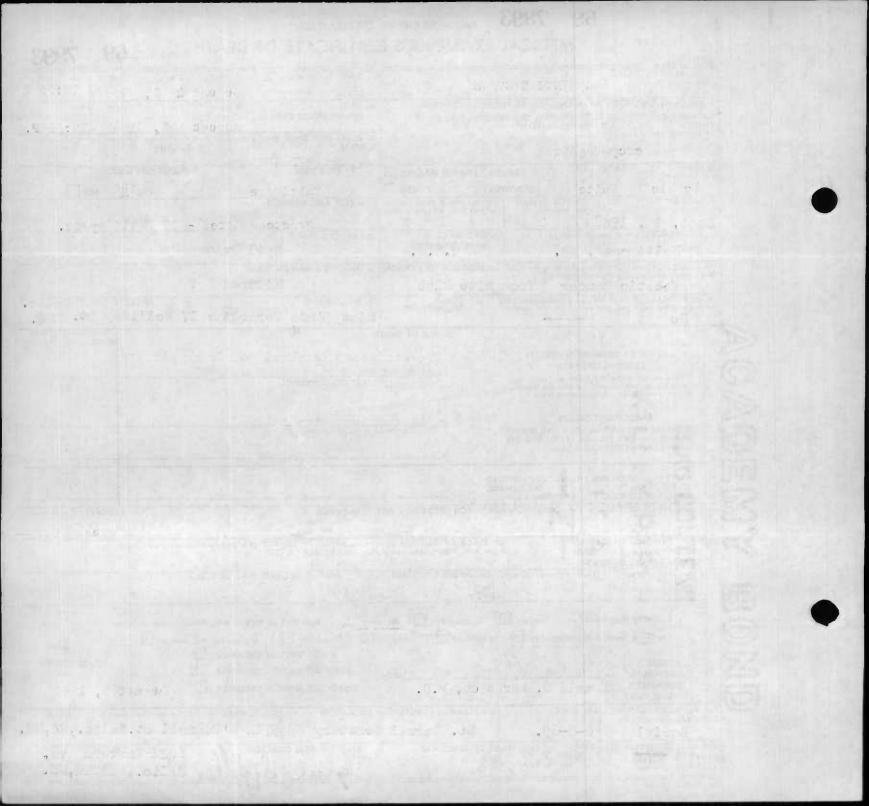
BII	0 - 4/C	69	799	C	TE OF DEATH	X REG. NO	69 7992		
	NAME OF DEC	WOLFE, L	OUIS V	VILLIAM		D HOUR OF DEATH	. 12 . 00 _ ^		
3.	PLACE IN BAL	IMORE MARYLAND, W				ST 9, 1969	12:09 A. M.		
II H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	Maryland,	Baltimore	21227 5300 CITY LIMITS?		
E	ST AGI	NES HOSPITA	L		HALETHORPE		ES NO X		
		ORE, MARYL		ES 21229	E. STREET AND NUMBER 5720 FIRST	AVENUE			
	MALE	WHITE	WIDOWED		02-08-04	lost birthdoy) N	Nonlhs Doys Hours Min.		
don	POLICI	vorking life, even if retired)		F BUSINESS OR INDUSTRY ENFORCEMENT	MARYLAND	gn country)	U. S. A.		
13.	FATHER'S NAA	John	W. W	olfe	14. MOTHER'S MAIDEN NAM MARY ELLEN				
15. (Ye	Wos Deceased	Ever in U. S. Armed Ford	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO			217097562	ST. AGNES HO	SP; BALTO; ME	. 21229		
		E OR CONDITION DIR	ECTLY	CAUSE OF DEAT		Liver	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	(This does no	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
		NTECEDENT CAUSES		(0)					
	DISEASES OR CONDITIONS, if any, giving fise to the obave cause (A) stoling the UNDERLYING CONDITION last.  (B)  DUE 10, OR AS A CONSEQUENCE OF:								
ATION	OTHER SIGNIFI	II CANT CONDITIONS CON	NTRIBUTING	(-)					
CAT	DISEASE OR CO	BUT NOT RELATED TO THE POLITION GIVEN IN PART OPERATION [198] CONT	1 (A).	WHICH OPERATION	20A-AUTOPSY2 (Yos or No	20P 18 Wee 11 PP 18 18 18 18 18 18 18 18 18 18 18 18 18			
CERTIFIC	0	WAS PERF	DRMED	WHICH OFEIGHOR	NO	IN CERTIFYING CAUSE	DINGS CONSIDERED		
	21A. ACCIDEN OR CONTRIBU DEATH Inotity	T WAS UNDERLYING TING CAUSE OF medical axamines	21 B hom etc.	no, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore C	ity, give exoct location)		
MEDICAL	21 D. TIME OF INJURY IAPPROXI	(Month) (Doy) (Yeorl		INJURY OCCURRED  ILLE At At Work	21F. HOW DID INJU	JRY OCCUR?			
	22. I certify	that (M (this hospital)		he deceased from	ULY 30 1	9 69 to AUGUS	T 9 19 69		
		last saw the deceased			1969ond the	t in ( ( our) opinion	n death accurred on the date		
	and haur and	from the causes state	ed abave.	())(Me) (qiq) (知文於) vi	ew the body after death.				
	1 //	rouenson	2 2	Atter	ding Med.	Name of the state	AMO 9. 1949		
	23C. PHYSICIAI	r's	0	11 -		GNES HOSPIT	AL		
24A	ISIDRO, N. HERMENEGILDO M.D. WILKENS & CATON-BALTIMORE, MD. 21229  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION (City, fown, or county) (Stolet								
	removal (s	ecily)		AME of CEMETERY of CRE			own, or county! (Stotel		
		- 8-12-196		oudon Park Ceme	25C. FUNERAL DIRECTOR	timore, Maryl	ADDRESS  1kens Ave. 21229		
VS	150-REV. 1/1/6	8	-	47 7 77	, I viole and the time		TRETTO TIVE. Z1ZZY		

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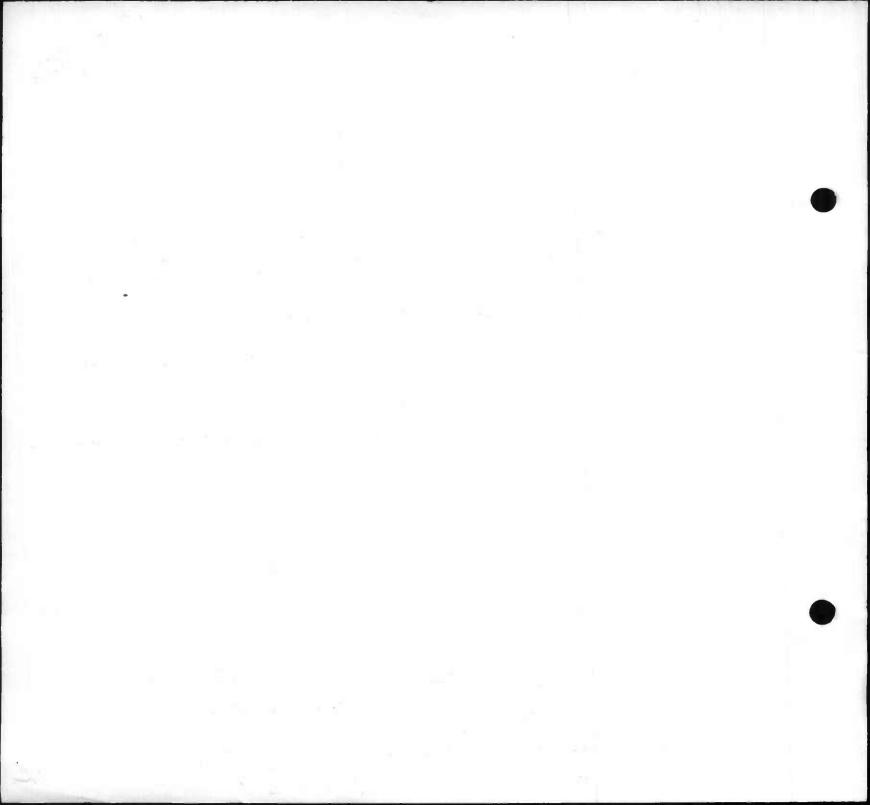
BALTIMORE CITY HEALTH DEPARTMENT

B	L-156	}	MED	ICAL	EXAMINER'S			DEAT	H REG. NO.	69	7993
1.	NAME OF DEC	EASED				2. DATE	Known DX	Month	Day	V	. 000
(1)	pe or Print)		CHRIST	INE EV	VANS	OF	e a	Augu		1969	10:55 P.
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, Y	VHERE PR	ONOUNCED DEAD	3. DATE	Cammoreo 🖂	Month	stix 2,	Yeor	Hour M.
FL	LL NAME OF OSPITAL RINSTITUTION				ITUTION, GIVE STREET		IOUNCED DEAD	Augu	st 2.	1969	10:55 RM
			ospital			A. STATE	Maryland	e deceased li	B. COUNTY	n: residence b	of ore admission)
0.	SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE C	ITY LIMITS?	
L	Female	Whi		WIDOW			Baltimore	e	Y	ES X N	10 🗆
_	out. 1	1948	losi birthdo	y)	If Under 1 Yr. II Under 24 Hr: Months: Doys: Hours: Mir	E. STREE	Armstea	d Wote	1 - 17 u	11111-	- 04
tt.	BIRTHPLACE (S	imore			2. CITIZEN OF WHAT GOUNTRY?	13. FATH	ER'S NAME	l Evan		orraa	36.
14/	LICENAL OCCU	DATIONICS	- tr- 1-1 11	148. KIND	OF BUSINESS OR INDUST	RY 15. MOTH	HER'S MAIDEN NA	ME			
doi	E CO	tic Dai	ncer (treffred)	Troc	Nite Club			dred	?		
16. (Ye	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCES	7 17. SOCIAL SECURITY NO.	18. INFO			_	DDRESS	Balto.
	No					Miss	Linda Ger	ardi:	17 Hol	liday	St. Md.
	19. 48	C X I			CAUSE OF DE	ATH					ROXIMATE INTERVAL EN ONSET AND DEATH
		E OR COND	OITION DIREC	CTLY	Pneumon	nia and	cerebral	anoxia	complia		EN ONOET AND DEATH
	(This does no	ol meon the	mode of dyl	Ing, e.g.,	(A)IMMEDIATE		ERINDRIKKOEK				
	Injury or com	plication whi	ch coused deo	diseose, ih.)	2442000	As are an enter on a					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST						sequence of:	m			
Z	UNDERLIIN	IG CUNDIII	ION LASI.		(c)						
CERTIFICATION	I TO THE DEA	TH BUT NOT	II NDITIONS CO RELATED TO T GIVEN IN PA	THE TERMIN	NG NAL						
ERT	20A. DATE OF	OPERATION	1 208. CON	IDITION F	OR WHICH OPERATION W	AS PERFOR	MED			21. AUTOP	SY? (Yes or No)
Ü	2		1 7 3								
EDICAL	UNDERLYING		TRIB-	2 h	28. PLACE OF INJURY (e.g. ome, farm, factory, street, offi	tn or obout ce bldg., etc.)	22C. WHERE DID (INJURY OCCUR?	If to Baltimor	e City, give exo	t location)	:8
ME	UTING L CAL		Ooy) (Yeor)	) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN.	ILIBA OCCI	ID2		
	OF INJURY (APPROX.)			п	WHILE AT NO	WHILE WORK			·^^1		
		fy that I he	eld on In	quiry _	Inspection A	topsy 🔀	ond that an th	is basis	death In my	anlalan	4 -1-
	result	ed from: N	aftirol cous	es X	Accident Suici				ed manner	-	
		/	/	101	1/ /		CHIEF MEDICAL E		led manner L	_	
	ACTUAL	00/	Tuld	11	Klu Mh	ASS	SISTANT MEDICAL E		□x ·	D	ATE SIGNED
	SIGNATU EXAMINE NAME (T <sub>1</sub>	R'S RO	nald N	. Kori	nblum, M.D.	70	OCIATE MEDICAL E			gust 3,	1969
	A. BURIAL CREM	ATION, 2	48. DATE	1 100	24C. NAME of CEMETERY	or CREMAT	ORY   24D.	OCATION	(City, town	or county)	(State)
	MOVAL (Specify Buria	1.	8-8-69	•	Mt. Carmel						o.,24,11d.
25	G11196	9 Palitie	A 450 PM	25B. NA	ME OF REGISTRAR	25 €.	FUNERAL DIRECTO	1.10		Paster 212	
٧s	151-REV. 1/1/68	<del> </del>		1	-6-4-0-9	7	marco x	que	W Balto	Je 9 616	Z4, MU.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition; is made

		(-200) 69 79:	O A	TE OF DEATH	X REG. NO	69	7994
		NAME OF DECEASED	10=1	2. DATE AN	D HOUR OF DEATH	G I	11 50.
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	o deceosed lived. Il ins	7 litution: residen	ce belore odmission)
	FU HO IN	JLL NAME OF (IF NOT IN HOSPITAL OR IN STITUTION ADDRESS OR LOCATIONI	Md. B	0. INSID	E CITY LIMITS	5300	
		SOUTH BALTIMORE (	SENERAL	DUNDAL.	14	YES 4	NO 🗌
6	5	13	HOSPITAL	1 1	RAL BL	VD 3	21222
made		F. Lev. WIDOV		4-13-20	44	II Under 1 Yr. Months Doys	Hours Min.
n Is	10A don	A. USUAL OCCUPATION (Give kind of work 108, KINE to during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slole or forei	gn country)	12. CITIZEN C	F WHAT COUNTRY?
disposition is	12	SALES LADY FATHER'S NAME		VIRgin		4.8	A
000	13.	HENRY A. YOWEL	,	14. MOTHER'S MATDEN NAM	AE 20 L	01617 5	7
- 1	15.	Was Deceased Sum in 11 S A - 1 Same 2	11 / 20 21	C. DROWN	Clif	TIN N	RESS
Bull	(Te	s, no of unknown? (If yes, give wor/or dotes of serving	SECURITY NO.		4 .	ADD	,KE22
	1	18.	CAUSE OF DEATH	TOICHAID ZAM	N	APP	ROXIMATE INTERVAL
5		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11-00- 5	/		EN ONSET AND DEATH
		(This does not meen the mode of dying, heart failure, asthenia, etc. It means the disease	(A) IMMEDIATE CAU	SE /1=PH //C LN	CEPHALOPAT	717 .	L days
E		injury or complication which caused death.)	,				
5		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given	(B) /+E	PATIC FAILU	RE		~
I S		nise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the (c) $INFECT$	TOUS VIRAL K	LEPATITIS	3	months
	<	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).	AL				
	RTIFIC	19A.DATE OF OPERATION 19& CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yos or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONS	SIDERED
	_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nolify medical examines)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore	City, give exoci	locotion)
5	MED	(APPROY)	While AI Nork At Work	21F. HOW DID INJU	RY OCCUR?		
5		22. I certify that (I) (this hospital) attende	d the deceased fram		69 ta 8	- 5-	1969
	- 1	that (I) (we) last sow the deceased alive o		19 <u>69</u> and tha	t in(my) (aur) apini	an death acc	urred an the date
5		and hour ond from the causes stated above	(1) (We) (did) (did nat) vi	ew the bady after death.		OR DATE SICH	IFP
		Barry Man St	um Mongare Phys.	ding Med. S	haff D	8-6-	69
	Ì	23C. PHYSICIANS NAME (Type)  BARRY ALAN BLU	23	South Baltin	ore Genera		CD ( - A -
3	24A		NAME of CEMETERY OF CREA			town, or count	(Stote)
	25A	Burnal aug 8/69 (	ah Lauen		Balto Ca		
	A /s 1	UG 1 1 1969 P. B. B E Ja B.	AND D	25C. FUNERAL DIRECTOR	A Homes	21120	condall

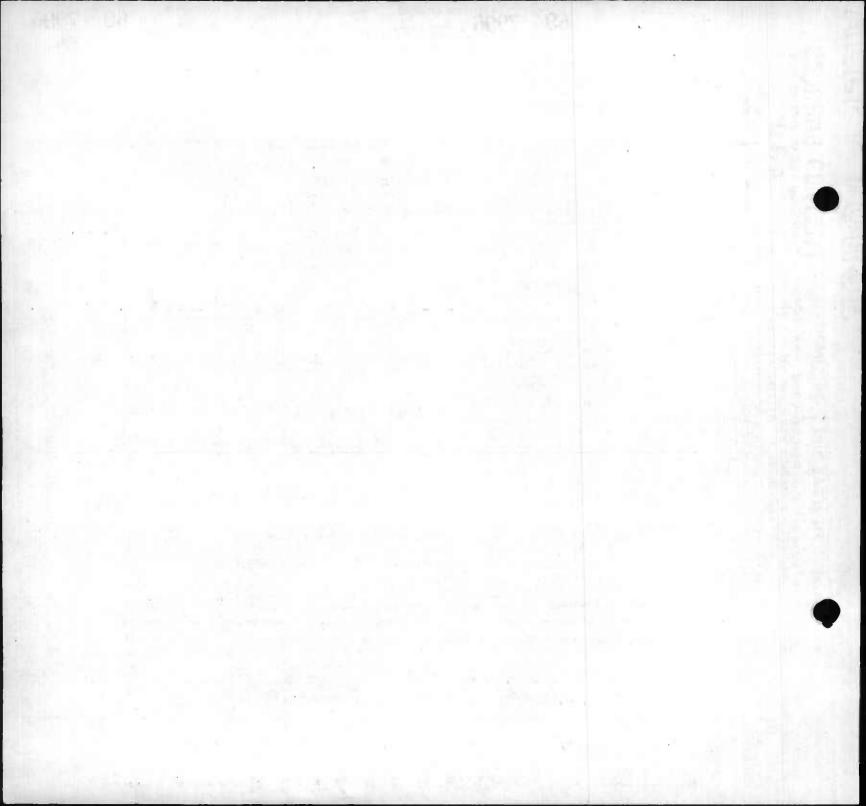


	R-163			BALTIMORE CITY	HEALTH DEPARTMENT		69	2005
	BIRTH NO.	69	7995	CERTIFICA	TE OF DEATH	X REG. NO	00	7990
- 11	1. NAME OF DECEASE	) \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			2. DATE AN	NO HOUR OF DEATH		
	ERANCIS I F I	ZANK)W	ILLIAM	RUPPER		ust 7th,	969 1	1:55 P. M
	3. PLACE IN BALTIMO	RE MARYLAND, W	HERE PRONOUP	NCED DEAD	A. STATE B. COD	ro deceased lived, If ins ITY	the second secon	0 4 1
	FULL NAME OF ( HOSPITAL OR INSTITUTION	IF NOT IN HOSPIT	AL OR INSTITUT	TON, GIVE STREET	C. CITY OR TOWN DUN	PALTINORE	DE CITY LIMITS	27222
	SCHURCH	HOME	& HO	SPITAL	E. STREET AND NUMBER		YES	NO 📉
7		.,0			8205 CORN	WALL RO	AD	
	5. SEX 6. RA	CE   <sub>a</sub> /		NEVER MARRIED	1 21 01	9. AGE (In yours lost birthday)		r. If Under 24 Hrs. s Hours Min.
		ON (Give kind of work	WIDOWED	DIVORCED USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loro	6.5	Do CITIZEN	OF WHAT COUNTRY?
	done during most al working	lifo, even if retired)						
	TECHNICAL	WRITER	CLECTKO	NIC INDSTRY	MARYLA	ND	1 0	,5,A.
	1	ve Dat	00.00					
	LO:	DUS Amod For	PENT	6. SOCIAL	DARBARA	ANN W		DRESS
	(Yos, no or unknown) (If yo	s, give wor or date	s of sorvicel	SECURITY NO.			AS	W . = =
	18.		3	29/05/ 1872	ELIZABETH E	3. KUTPER		: 4 (WIFE
	771	CONDITION DI	ECTLY	CAUSE OF DEATE	1			PROXIMATE INTERVAL EEN ONSET AND DEATH
	LEAD	ING TO DEATH		(A)IMMEDIATE CAU	SE RUPTURED	ADRTIC	6	hours.
	IThis does not me heart failure, asthe injury or complicati	nio, etc. Il meons	the disease,	DUE TO, OR AS	A CONSEQUENCE OF: ANE	URYSM		***************************************
	ANTE	CEDENT CAUSES		AOTE	ERIOSCERO"	TIC VASCI	LAR	Ovy 74-
	DISEASES OR CO	ONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	0 -	EASE	
	ise to the obo		stoling the	(c)		D (S	EASE	
	_	- 11		. 1				
	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO THE	E TERMINAL	***************************************	ERTENSON	• ••••••••••••••••••••••••••••••••••		7 ym
I	9/7/69 214, ACCIDENT WA	ATION 19R CON WAS PERF	DITION FOR WHORMED PUP	TURED HORT	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FI	NDINGS CON	ISIDERED H?
	U 21A. ACCIDENT WA	S UNDERLYING	21 B. Pi	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimore	City, give exo	cl location)
	DEATH (notily medic	ol exomined	No etc.	OES NOT AP	PLY INJURY OCCUR	S NOT APP	17	
I	21D. TIME (Mon	th) (Doy) (Year)	-	NJURY OCCURRED DOG	S NOT 21F. HOW DID INJ	URY OCCUR?		
		S NOT A	PPLY While	Al Not While	A PLY	D	GES N	ot Apply
I				deceased from		1969 10	3/	7/19/9
	that (1) (we) lost			My 0	19.6_7ond the	ot In (my) (our) opini	on death ac	curred on the dote
1		the couses stat	ed abave. M	(We) (did) (did not) vi	lew the body ofter deoth.			4
	23A. SIGNATURE	Capril	-	Atter	nding Med.	Shoff -52	23 B. DATE SIG	7th 1969
	23C. PHYSICIAM'S NAME (Type)	1		DEGREE Phys	Director L	Phys.	Ang.	
	AHME	D FARC	VIIV A.	AA MD.	CHURC		HOSP	MTAL
	24A. BURIAL CREMATIC	N, 24B DATE	24C.NAN	AE of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	town, or egiu	nty) (Stote)
	BURIAL	8/11/196	9 LOR	RAINEYA	RK CFM. BA	TO. Co.,	md	/
	25A. DATE REC'D BY HI	ALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	8 10	10 4	PORES ;
	AUG 1 1 1969	Robert E.	Jake !	A U O	a. Karing	wakey	ollest	an , my
- 1	VS 150-REV. 1/1/68							

50 THE R. P. LEWIS CO., LANSING. A STATE OF THE PARTY OF THE PAR The state of the s X Aug zo mit AND A SECOND CONTRACT OF THE PROPERTY OF THE PARTY OF THE

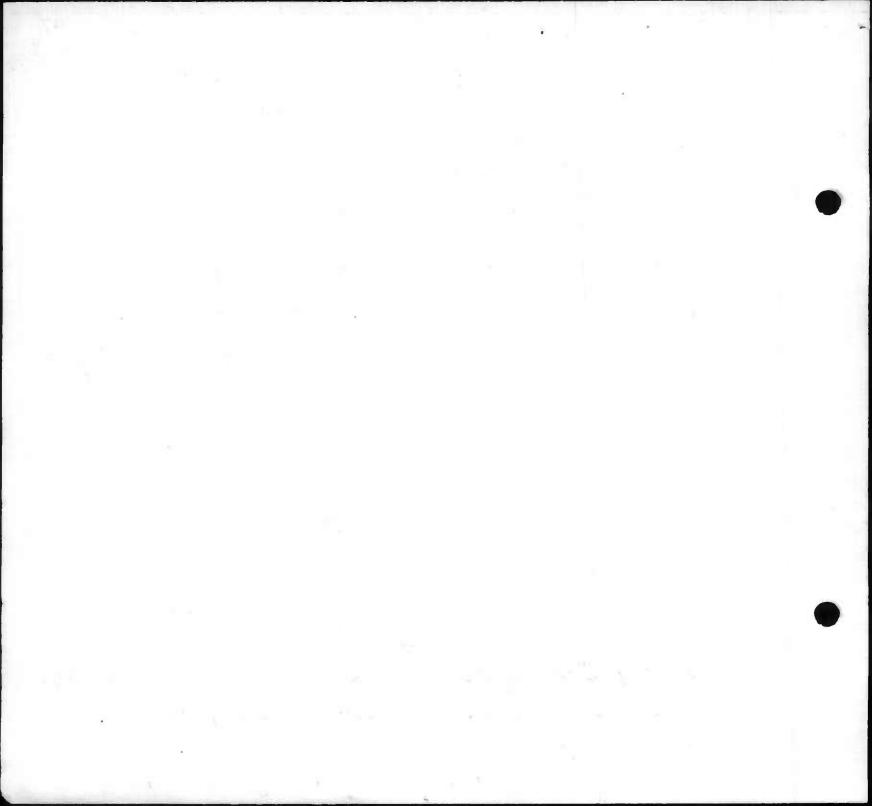
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T / - 00 0000 B	SALTIMORE CITY	HEALTH DEPARTME	NT	00000		
JF-425 69 7996	CERTIFICA	TE OF DEAT	H REG. NO	pg /39b		
INAME OF DECEASED		2. DA	TE AND HOUR OF DEATH			
Type or Print) Cttilie Falkenau			8/7/69			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD		(Where deceased lived, If in	nstitution: residence before admissio		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	Md		2834		
NSTITUTION ADDRESS OF EGGS HOW		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
22 A. Athol Avenue		Baltimore E. STREET AND NUM		YES X NO .		
		22 S. Ath				
F 6. RACE 7. MARRIED NEV	DIVORCED [	4/21/1887	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSING done during most of working life, even if retired) NONE	ESS OR INDUSTRY	Germany	or foreign country)	U.S.A.		
Jacob Falkenau		14. MOTHER'S MAIDE Henrietta	NAME			
5. Was Deceosed Ever in U. S. Armed Forces? 16. SOI Yes, no or unknown) (If yes, give wor or dotes of service) SEC	CIAL CURITY NO.	17. INFORMANT		ADDRESS		
	-32 <b>-</b> 1543	General Ger	man Aged Home,	22 S. Athol Ave.		
18. 4/ 2 7 Q I	AUSE OF DEAT	н		APPROXIMATE INTERVAL		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	te + Necros	is of tissue o	n leg			
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OPERATION	20A. AUTOPSY? (Yes	OT NO. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., i foctory, street, o	n or obout 21 C. WHERE ffice bldg., INJURY OCC	DID (If in Boltimo	re City, give exact location)		
OF INJURY (APPROX.)  OF INJURY (APPROX.)  OF INJURY (APPROX.)	Y OCCURRED  Not Whill At Work	e —	D INJURY OCCUR?			
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an author day of the day						
and have and from the causes stated above. (1) (We) (dld) taid not) view the body after death.						
Milliam 1. Bryson	6	ending Med.	Staff Phys.	8 aug 69		
23C. PHYSICIANS NAME (Type)  Mn. J. Bryson	DEGREE	23D. ADDRESS 4605 E	Imondeon	and 1		
REMOVAL (Specily)	CEMETERY of CRI			City, town, or county) (State)		
	e Park Ce		Baltimore, Mas			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS		25C. FUNERAL DIR		ADDRESS		
AUG 1 1969 Paber E. Janber M.	00	Witzles,	1014 Edmondson	Aye., 21229		



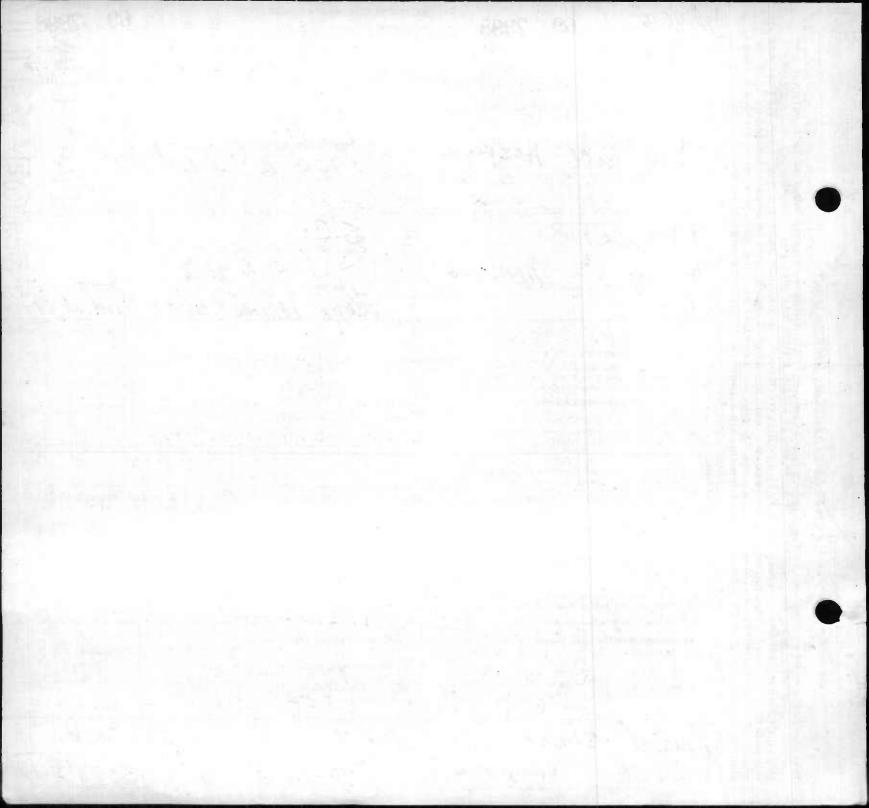
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BALTIMORE CIT BIRTH-TVO. 5-520 69. 7997. CERTIFICA	Y HEALTH DEPARTMENT X REG. NO. 69 7997.				
I. NAME OF DECEASED	2 DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	NA HISHAL RESIDENCE DAY				
	A. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)  A. STATE  B. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
RANIV. OF MARYLAND	Catonsville YES NO				
PO UNIV. HOSPITAL	3 Arthur Ave.				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 16. Il Under 24 Hrs. Manths! Days Haurs; Min.				
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE IState at Greign country)   12. CITIZEN OF WHAT COUNTRY				
done during most of warking life, even if retired)	Maryland (1.5.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Clitton Smuck	Patricia Roney				
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor ar dates at service)  No.	The state of the s				
18. CAUSE OF DEA	Mr. Clifton Smuck, 3 Arthur ave. 21228				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA	A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS is to the above cause (A) stoling the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL  SIDISEASE OR CONDITION GIVEN IN PART 1 (A),					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	20A AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF hame, farm, factory, sheet, of DEATH (naffy medical examined)	in or about 21 C. WHERE DID (If In Baltimare City, give exact lacation) ffice bldg., INJURY OCCUR?				
OF INJURY  (Approx)  (Manth) (Day) (Yeorl   Haud) 21E (NJURY OCCURRED   While At   Nat While At	21F. HOW DID (NJURY OCCUR?				
Wark At Wark					
22. I certify that (I) (this hospital) attended the deceased from	angust 19 67 to august 7 1969				
and hour and from the couses stoted abave. (1) (We) (did) (did not)	19 69 and that in (my) (our) opinion death accurred on the date				
23A, SIGNATURE 123B, DATE SIGNED					
DEGREE					
NAME (Type)	23D. ADDRESS				
Elwood H. La Brosse, M.D.  PERMAL CREMATION, 246. DATE  24C. NAME of CEMETERY of CR	University Hospital Baltimore, Md.  EMATORY 240. LOCATION (City, town, or county) (State)				
Burial 8/11/69 Loudon Park Cer					
AUG 1 1 1969 Taber E. Valley M.D.	25C. FUNERAL DIRECTOR ADDRESS				
VS 150-REV. 1/1/68	Witzke, 4101 Edmondson Ave., 21229				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

20 / 9 9 - 00	BALTIMORE CITY	HEALTH DEPARTMENT		CO 2000	
BIRTH NO. 69 7998	3 CERTIFICA	TE OF DEATH	REG. NO	00 /99	8
TI. NAME OF DECEASED (Type or Print)	C. MAR	CUS 2. DATE AND	HOUR OF DEATH	102.	5A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	deceased lived, if inst	itution: residence before od	mission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSID	E CITY EIMITS?	
1) n 11	7	Ballo.	0/	YES NO	
OKey Cirile Hospine		1400 h. Central Art			
5. SEX 6. RACE 7. MARRIED WIDOWED	INEVER MARKIED		ost birthdoy	If Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.
done during most of working lite, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT CO	UNTRY?
13. FATHER'S NAME	1	14 MOTHER'S MAIDEN NAM	5		
Henry C. Mar	rus)	Julia 1	Types)		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or usknown) (If yes, give wor or dotes of service)	SECURITY NO.	The wo Marc	40 1400 I	1. Central	10
18.	CAUSE OF DEATH			APPROXIMATE INT	
DISEASE OR/CONDITION DIRECTLY LEADING TO DEATH		cardiac.	Arrest		
(This does not meon the made of dying, e.g.		CONSEQUENCE OF:			
heorl failure, asthenia, etc. II means the disease injury or complication which caused death.)		131 - 17		190	
ANTECEDENT CAUSES	(B) PAnc	realic CA	ruinoma		
DISEASES OR CONDITIONS, if any, giving	,	A CONSEQUENCE OF:	Las has 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
UNDERLYING CONDITION last.	(c) Lun	o + Some m	THO IN FV	>	
- II		,			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLIVER OF THE CONDITION OF THE TERMINAL OLIVER OF THE TERMINAL					
	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?	
OR CONTRIBUTING CAUSE OF hor	B. PLACE OF INJURY (e.g., in me, torm, foctory, street, off :.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimare	City, give exoct tocotion)	
21D.TIME (Month) (Doy) (Yeor) (Hour)	E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
₹ (A BBBOY)	hile At Not While				
22. I certify that (1) (this hospital) attended		My 28 1	069 10 Aud	5 6 19	69.
that (I) (we) lost saw the deceosed alive an	1 /	1 =		on death occurred on t	
and hour and fram the couses stated above. (	(I) (We) (did) (did not) vi	'			
23A. SONATURE				238. DATE SIGNED	
Temonist Julio	GEGREE Phys	Med. Director	hys.	2-3-81	
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS			
Fernand B. Ju	1.00 4.0	5428 54	sclow L.	A BALLO-MY	•
	OECOEE				
REMOVAL (Spackly) 8 11 69 24C.N	JAME OF CEMETERY OF CRE	MATORY 24D. LO	Cation (City	town, or county)	(Stote)
24A. BURIAL CREMATION, 248. DATE / 24C. N		MATORY 24D. LO	- 0 -1	ADDRESS A	(Stote)



pital and of death Deceased Such hospital death. attendance (2) COUSE (4) Undetermined cause; 2 8 prior contributing Jrred regular Ö ma deceased disposition is death E MOS the direct assistant if death uo kind; or final attendance any pronounced or his med of fracture embal examiner regular examiner. who are 4 (3) 2 physician before the remains the chief medical Was medical burns; physician Body the 0 by (2) where the hospital °N nature; **b**\ obtained 9 proved (except and any pe of death) hospital must accident must, the body was releas 10 approval 0 certificate prior at

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shows: Mas

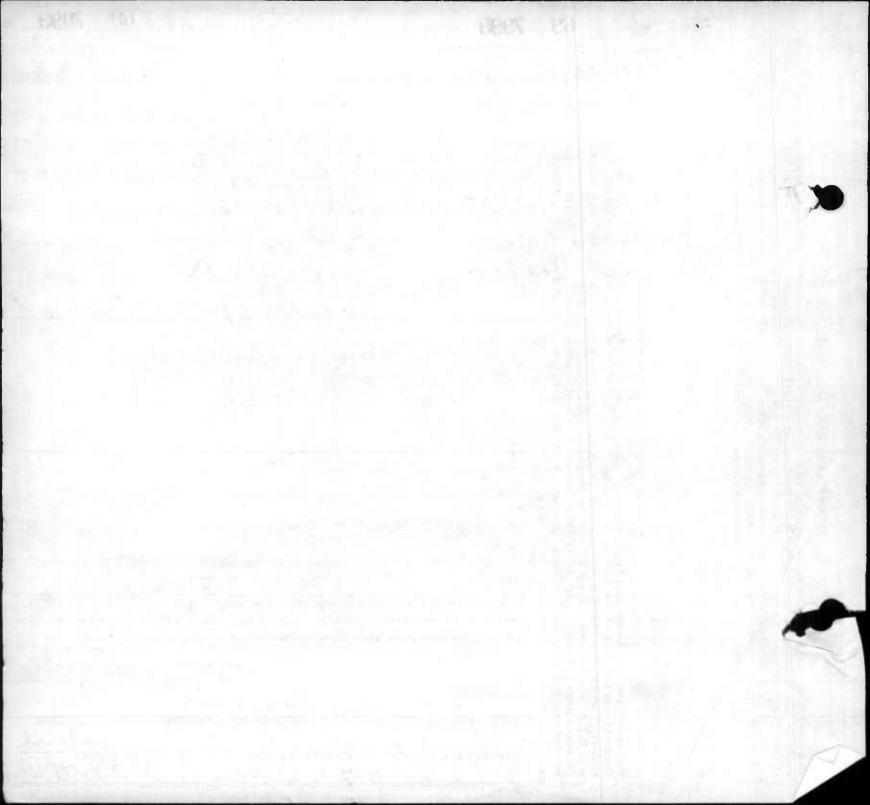
D.O.A.

eceased

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written

BALTIMORE CITY HEALTH DEPARTMENT Registered No. TIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Whole 6 lived. If institution: residence before FULL NAME DE HOSPITAL DE INSTITUTION (II not in hospital or institution, give street oddress or location) limits, write RURAL and give lownship 7. MARRIED, NEVER MARRIED 9. AGE (In years II Under 1 Yr. Months: Doys 5. SEX BIRTH If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdayi ma OCCUPATION (Git kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, the obave couse (A) sloting the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH Inotify medical examiner etc.) MEDI 21 D. TIME (Month) IDoy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPRDX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (wer) last saw the deceased alive on ond that In (my) (our) apinion death accurred on the date and haur and from the causes stated above. (1) (We) dita) (did not) view the body after death. 23A, SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Stoff Director 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24B. DATE 4C. NAME of CEMETERY of CREMATORY City, town, or county REMOVAL (Specify) 25C. FUNERAL VS 150-REV, 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Deceased Such BIRTH NO hospital and death I NAME OF DECEASED 2. DATE AND HOUR OF DEATH 10 (Type or Print) ederica UO CH death. A. USUAL RESIDENCE (Where deceased of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD lived. If institution: residence before admission) attendance (2) mor (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET cause FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OP OWN D. INSIDE CITY LIMITS? cause; 0 0 10 YES E. STREET prior AND contributing occurred etermined regular mad 5. SEX B. DATE OF BURTH AGE (In year If Under 24 Hrs. Hours Min. S. RACE If Under 1 Yr. Months: Doys 7. MARRIED NEVER MARRIED deceased Hours lost birthdoy 2 WIDOWED DIVORCED 2 OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL'A CE IOA, USUAL /State 12. CITIZEN OF WHAT COUNTRY? disposition Und Or MOS 13. FATHER 4. MOTHER'S the direct 4 20 assistant death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. 17. INFORMANI ADDRESS ō final (Yes, no or unknown) (If yes, give wor or dates of service) attendance rdu 0 any CAUSE OF DEATH APPROXIMATE INTERVAL 0 18. BETWEEN ONSE AND DEATH pronounce DISEASE OR CONDITION DIRECTLY 50, med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO. A CONSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, examiner םח xaminer. injury ar complication which caused death.) ANTECEDENT CAUSES 5 0 who 10 DUE TO, OR AS A CONSEQUENCE re 4 DISEASES OR CONDITIONS, if ony, giving sloling the 3 O rise la the above cause (A) physician UNDERLYING CONDITION last. remains (C)..... medical WOS medical 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body Ö 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY?/(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the O CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? None 0 before (2) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? the (If In Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF CAL hospital °Z DEATH (notify medical examiner) etc.) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 OF INJURY approved (except While At Not While (APPROX) Work At Work and to the any NOW 22. I certify that (I) (this haspital) ottended the deceased fram . be that (1) ( lost saw the deceased alive on and that in (my) ( apinian death accurred an the date o death) hospital and haur and fram the causes stated above. (!) (We) (did) (410-100) view the body after death. must accident was release 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. 0 202010 0 Phys. Director L 6 DEGREE 0 23 C. PHYSICIAN'S prior 23 D. ADDR 585 approv NAME (Type) to 0 2 quare tos ono rauklin 100 N. Calhouns 100 UBU DEGREE d 24A. BURIAL CREMATION, 24B. DAT 24D. LOCATION 142. NAME of CEMETERY OF CREMATORY (Stote) deceased the body o REMOVAL (Specify) written shows: d ADDRESS W as FUNERAL DIRECTOR 1800 E. HOMBARD ST. VS 150-REV. 1/1/68

